

Stories from the Field

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WHO MAGAZINE ON
UNIVERSAL HEALTH
COVERAGE (UHC)

Special
issue on
COVID-19



Powered by the
Joint working team for UHC





About the Universal Health Coverage Partnership

The Universal Health Coverage Partnership promotes universal health coverage (UHC) by strengthening health systems through improving governance, access to health products, workforce, financing, information and service delivery, and enabling effective development cooperation in countries. Since 2019, the UHC Partnership has expanded its technical support to include a special focus on non-communicable diseases and health security, while maintaining efforts in favour of health systems strengthening or UHC.

The UHC Partnership's aim is to build country capacity and reinforce the leadership of ministries of health to build resilient, effective and sustainable health systems in order to make progress towards UHC. It aims to bridge the gap between global commitments and country implementation and is part of the UHC2030 global movement to build stronger health systems for UHC.

The UHC Partnership is in its ninth year of operation. Since it started in 2011, it has evolved into a significant and influential global partnership working in 115 countries in all 6 WHO regions, with the support of 7 significant donors. There are 114 health policy advisors operating on the ground with support from WHO advisors in headquarters and regional offices and over 1 billion people benefiting from interventions that increasingly relate to community level, people-centred, integrated primary health care.

UHC Partnership and COVID-19

As soon as COVID-19 was declared a Public Health Emergency of International Concern in January 2020, the UHC Partnership, through the cooperation and agreement of all its donors, reprogrammed its funding and technical expertise to support countries in preparing for and respond to the pandemic. With countries at different stages of their response and each with distinct needs, flexibility in terms of funding and adapting to the context and changing priorities has allowed WHO to deliver assistance in a timely manner, where it is most needed.

The UHC Partnership is working to ensure that the investments made throughout the COVID-19 response will result in health system reforms that improve both health security and progress towards UHC.

The UHC Partnership is funded by

- The European Union
- The Grand Duchy of Luxembourg
- Irish Aid
- The Government of Japan
- The French Ministry for Europe and Foreign Affairs
- The United Kingdom Department for International Development
- Belgium



Testing for COVID-19 at the Jawaharlal Nehru Hospital. @WHO/Blink Media - Gillian Soupe.

Contents

Pakistan's drive to restore essential health services during COVID-19.....	8
Papua New Guinea tackles the threat of COVID-19 with an all-of-government approach...	14
South Africa steps up hygiene in health facilities to protect against COVID-19.....	22
Suriname COVID-19 response boosts Suriname's health system	28
Timor-Leste swift action prevents community transmission of COVID-19.....	34
Ukraine working towards universal health coverage while responding to COVID-19	40



If you don't have time to read every word, you might like our 60-second summary at the end of each article!

Welcome

Welcome to this special issue of WHO's Stories from the Field on universal health coverage (UHC), which documents how countries are reshaping their health systems amid one of the most devastating pandemics in history.

UHC means that everyone, everywhere can access health services without experiencing financial hardship. The world was taking positive steps to deliver health for all by 2030 before COVID-19 fundamentally disrupted health systems, societies and economies. In less than a year, the pandemic has eroded the development gains achieved over the past 25 years.

To get back on track for UHC, world leaders need to make tough decisions and take this crucial opportunity to reset the very foundations of health systems: from governance to financing, strengthening access to medicines, vaccines and health services, building up the health workforce, to strengthening the capacities of all countries to prevent and respond to health emergencies. COVID-19 means we have to act now.

The UHC Partnership, one of WHO's largest initiatives for international cooperation for UHC, is providing vital and timely support that is enabling countries to take advantage of the opportunity to emerge stronger from the pandemic. It is working to ensure that the investments made throughout the COVID-19 response will result in health system reforms that improve both health security and progress towards UHC.

This publication contains stories that represent how countries from each of the six WHO regions are responding to COVID-19 with a longer-term perspective by reshaping their health systems in ways that are grounded on principles of UHC.



@WHO/Blink Media - Gillian Soupe.

WHO Eastern Mediterranean region: Pakistan

As COVID-19 continues to challenge Pakistan's health system, reinstating essential health services such as immunization and life-saving maternal care remains one of its most urgent needs. The Government is turning to primary health care to restore basic services, bring them closer to communities and move towards health for all.

WHO Western Pacific region: Papua New Guinea

Papua New Guinea is tackling COVID-19 with an all-of-government approach to strengthen the country's health system and engaging communities to keep them safe from the virus. The country is enhancing primary health care in communities and maintaining essential health services, working to ensure good mental health and establishing new national legal mechanisms to respond to COVID-19.

WHO Africa region: South Africa

In the face of COVID-19, South Africa urgently approved a national strategy for infection prevention and control to better protect patients and health workers from avoidable infections in health facilities. It includes strengthening practical measures such as proper hand hygiene, use of personal protective equipment and cleaning and disinfection of the environment and medical equipment.

WHO Americas region: Suriname

Suriname is seizing the opportunity to build a stronger health system that is more resilient to shocks so it can provide services to everyone, including the most remote and vulnerable populations. The Government has developed strategies and guidelines to save lives, protect health care workers, slow the spread of the virus and strengthen epidemic intelligence.

WHO South-East Asia region: Timor-Leste

Timor-Leste has increased its capacity to respond to COVID-19 and is better prepared than before to deal with the emergence and control of new cases. It took a proactive approach in a small window of opportunity to contain the virus, fundamentally improving health security, which is another key aspect of UHC.

WHO European region: Ukraine

Ukraine is transforming its health system to ensure that the country's population can get the health care they need without experiencing financial hardship. Ukraine has acted quickly during the COVID-19 crisis to ensure that people do not have to pay for COVID-19 testing and treatment services.



Pakistan's drive to restore essential health services during COVID-19

As COVID-19 continues to challenge Pakistan's health system, reinstating essential health services such as immunization and life-saving maternal care remains one of its most urgent needs. The Government is turning to primary health care to restore basic services, bring them closer to communities and move toward delivering health for all.



A mother with her young child waits anxiously for a chance to speak to a Member of Parliament and Speaker of the National Legislative Assembly to ask for help during one of his open meetings. Her child is due for a vaccination, but the service has been suspended.

The family, like millions of others across the world, has been unable to access basic health care as COVID-19 continues to overwhelm health systems. Pakistan has suspended essential services such as immunization, antenatal care and family planning.

While the Government has demonstrated a strong resolve to deliver on the promise of health for all through universal health coverage (UHC), the health system is under immense strain from COVID-19. The first two confirmed cases in the country were reported on 26 February 2020. In about seven months, this number reached 306,886 with 6,424 lives lost (as of 22 September). The majority of cases are transmitted through the community.

Pakistan, with support from WHO, is working to strengthen basic primary health care. This will help ensure that the population receives the services they need during the pandemic, as close as possible to the communities in which they live. Ultimately, it will contribute to progress towards achieving UHC.

This is a developing story as of September 2020 and an updated version can be found

[HERE](#)

An effective response to COVID-19 requires a resilient health system. This is not possible without strengthening primary health care. In Pakistan, the Ministry of Health, with the support of WHO, has initiated several activities to transform the health system through strengthening primary health care. This includes a family practice approach, a primary health care measurement and improvement initiative, development and implementation of a UHC priority benefit package, an Islamabad Capital Territory model healthcare system for UHC, an integrated people-centered healthcare services initiative, and numerous activities for private sector engagement,

Dr Palitha Mahipala, WHO Representative in Pakistan.



3 January 2018: A health worker, Majra Bibi, prepares to vaccinate a four-month-old baby in a primary health care centre in Nowshera District, Khyber Pakhtunkhwa province, Pakistan. ©WHO/Asad Zaidi.

Meeting all health needs in times of crises

Even in the wealthiest parts of the world, countries have been under pressure to keep their health systems well-organized and prepared to maintain essential health services for everyone as COVID-19 rages on.

Ill health and death as a result of lack of essential services is as devastating as the suffering inflicted by COVID-19 for families, communities and countries as a whole. In addition, people start to lose trust in their health system. Maintaining trust is essential to motivate people to follow advice to safeguard their health and to control infections in health facilities.

But in Pakistan today, many services for illnesses that are unrelated to COVID-19 have stopped, with multiple primary health care services on hold. Community health workers, vaccinators, community midwives and family welfare assistants are unable to perform outreach services.

The pandemic is limiting women's access to life-saving maternal and newborn health services. Lockdowns and travel restrictions disrupt regular supply chains of essential medicines and health products and creates a gap in the stock of essential vaccines, leading to the disruption of immunization services. This results in another major threat: future outbreaks of vaccine-preventable diseases, a fear that is generating global concern.

Reinstating essential health services for its whole population is therefore one of Pakistan's most urgent challenges.

The Government is carefully calibrating decisions to ensure that its limited resources can bring the greatest impact for the people. Strengthening primary health care is a core part of the drive to ensure essential services reach everyone. WHO, through the UHC Partnership, along with a host of partners such as the United Nations

Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the Joint United Nations Programme on HIV and AIDS (UNAIDS), World Bank and the United States Agency for International Development (USAID) have collaborated to prepare an action plan to support the Government in ensuring the continuity of essential diagnostic, treatment and prevention services during the COVID-19 response, while protecting the safety and wellbeing of the health workforce and patients. The plan draws upon the latest WHO operational guidance for maintaining essential health services during the COVID-19 outbreak and has become a significant pillar of Pakistan's COVID-19 Preparedness and Response plan.

Strengthening primary health care services

As governments meeting at the UN General Assembly in 2019 acknowledged during the High Level Meeting on UHC, well-functioning, resilient health systems based on primary health care are the bedrock for achieving UHC. They are also key to successfully preparing for and responding to health emergencies such as COVID-19. Although Pakistan has undertaken some health sector reforms in the past two decades, it still has some way to go in the process of building its capacity to deliver primary health care.

WHO consulted with all health partners to develop the National Health Vision 2025 and provincial health sector strategies and plans. There was strong consensus: the evidence is clear that primary health care offers the best approach for countries to bring care as close as possible to where people live, deliver services cost-effectively, enhance universal access to services, and prioritize reaching those who are most vulnerable and disadvantaged.

For several years, WHO has supported Pakistan's effort to expand primary health care and engage citizens in health policy dialogue. This work has gained momentum during the last two years through the support of the UHC Partnership. The Partnership assists 115 countries in accelerating progress to achieve UHC through funding provided by the European Union (EU), the Grand Duchy of Luxembourg, Irish Aid, the Government of Japan, the French Ministry for Europe and Foreign Affairs, the UK Department for International Development and Belgium.

“The EU in Pakistan is proud to support, through the UHC Partnership, programmes focusing on empowering communities to better engage with local governments to strengthen the health system,” said H.E. Dr Androulla Kaminara, Ambassador of the European Union to the Islamic Republic of Pakistan.

WHO and UNICEF have worked jointly to revitalize Pakistan's pioneering community health worker programme, the 'Lady Health Workers'. The process, which originated in 1994, created a new cadre of female health workers in the Pakistan health system to address unmet health needs of rural populations and informal settlers.

WHO is also helping the Government to implement the Family Practice programme in 12 districts across Pakistan. The approach increases households' access to health care at an affordable cost, through family practice teams led by a family physician. By working in communities, these groups of health care providers have the best knowledge of the health and life conditions of all members of a family and can therefore support them more effectively with preventive health interventions.

In addition, WHO has identified five areas where all the collaborative activities between WHO and the Government of Pakistan under the WHO Country Support Plan will be demonstrated. This opens opportunities for more partners to work towards the shared vision of health for all.

Pakistan is also a signatory to the International Health Regulations (IHR) 2005 and is committed to building resilient health systems that can adapt and respond to challenges posed by outbreaks, other health hazards and emergencies of national and international concern. In 2016, Pakistan successfully conducted a Joint External Evaluation of its IHR core capacities, which formed the basis of its five-year IHR National Action Plan.

“The UHC partnership will help alleviate the social-economic impacts of the COVID-19 pandemic in Khyber Pakhtunkhwa and Gilgit-Baltistan through strengthening primary health care and addressing the issue of maintaining safe blood transfusion services, said Mr Sebastian Jacobi, Director, KFW Pakistan.

With the support of the UHC Partnership, UNICEF Pakistan is working on community awareness, specifically for mothers and children, to fight COVID-19 at the grassroots and primary health care level. In collaboration with Radio Pakistan, we have launched weekly radio programmes on COVID-19 called 'Qadam Qadam Sehat' to raise community awareness,

Dr Aida Girma, Country Representative for UNICEF in Pakistan.

Risk communication and community engagement

The UHC Partnership is also supporting a range of other projects such as risk communication and community engagement as part of the national response to COVID-19.

The national risk communication and community engagement (RCCE) strategy has been developed by the National Core Committee on COVID-2019 based on global and national technical advice. Healthcare workers, the media and religious and community leaders will receive training on risk communication,

social mobilization and community engagement. Information, education and communication materials guided by the strategy will also strengthen public awareness through traditional and digital media.

Parliamentarians from throughout the country have been requested to actively ramp up public education by spearheading the awareness campaign in their respective constituencies. The programme also includes community outreach and awareness-raising through broadcast media, and supporting women and girls' livelihoods through the production of facemasks.



Dr Mohammad Kamal Khan helps Dr Samreen Khalil with personal protective equipment at the residence of a person suspected to have COVID-19. ©WHO/Blink Media – Saiyna Bashir.

Looking forward

As Pakistan tackles the dual challenge of responding to COVID-19 and maintaining essential health services, WHO is working alongside the Government and health partners, providing support and guidance in reinstating and expanding primary health care services to ensure that everyone in the country can access the services they need, during and after COVID-19.

“The UK Government is committed to supporting Pakistan through the COVID-19 crisis. We have been working closely with WHO to channel rapid response funds to enable them to support the Pakistan Preparedness and Response Plan. This includes vital areas of disease surveillance, laboratory strengthening, case management and behaviour change communication. We continue to partner with WHO Pakistan as the country progresses towards the resumption of essential services particularly for the vulnerable and marginalised groups and those hardest hit by COVID-19. As Pakistan recovers from the crisis, it is important that the system is built back better – the implementation of universal health coverage and disease control priorities is critical for this.”

Annabel Gerry, Head of the Department for International Development (DFID) of the United Kingdom in Pakistan.



PAKISTAN

FACT

Resources are being redirected away from essential services in Pakistan as rising cases of COVID-19 overstretch the country's health system. Services for many other health conditions have come to a halt.

WHY IT MATTERS

Disruption of essential services can have devastating consequences such as future outbreaks of vaccine-preventable diseases and increase in maternal mortality. The population could also lose trust in the health system and not take advice on infection control.

EXPECTED IMPACT

Pakistan is taking strategic decisions so that its limited resources can provide maximum health benefits to its people. Strengthening primary health care is a proven approach to ensure health for all, especially in times of crisis.

IN PRACTICE

WHO and partners prepared an action plan to support the Government in maintaining essential health services; a significant pillar in Pakistan's Preparedness and Response plan for COVID-19.

Dr Mohammad Kamal Khan helps Dr Samreen Khalil with personal protective equipment at the residence of a person suspected to have COVID-19. ©WHO/Blink Media – Saiyna Bashir.



Papua New Guinea tackles the threat of COVID-19 with an all-of-government approach

In parts of the world where COVID-19 has not yet spread widely, governments have a critical opportunity to step up prevention and response capacities. Papua New Guinea is taking the threat of the pandemic seriously with an all-of-government approach in strengthening the country's health system and engaging communities to keep them safe from the virus.

Dr Gary Nou leads the frontline response for COVID-19 in the National Capital District and is concerned about mass infection overwhelming the country's health system. He says that only through enhanced voluntary testing can the Government truly understand the magnitude of the disease and its effect on the population.

COVID-19 has reshaped the delivery of health care in PNG. The threat of overwhelming the health system with a sudden surge of patients has led health authorities to rapidly review COVID-19 patient care pathways including provision of essential medical services across the country. The Government continues to work closely with partners to boost the health system by strengthening clinical services, surveillance systems and laboratory capacity. Risk communications and community engagement has been an integral part of the response to ensure that PNG transitions into the 'new normal' or 'Niupela Pasin'.

On 27 February, when it was clear that COVID-19 presented a risk, the Government of PNG activated its National Emergency Operations Centre (EOC) for the COVID-19 response. Early response measures included enhanced surveillance, health screening at the major ports and the activation of a COVID-19 hotline. Provinces across the country resumed their EOC operations, established prior through the country's response to polio and measles outbreaks, to manage their local response to COVID-19.

This effort was led by the Minister for Health and acting Secretary for Health with support from WHO and a multi-sectoral coordination body – the joint Task Force - before the country declared a State of Emergency on 23 March.

As of 22 September 2020, the country had recorded 517 cases of COVID-19 with 7 reported deaths. Most of these cases were recorded between June and August. PNG is on high alert and focusing attention and resources on COVID-19, which can affect the delivery of other essential health services.

We need people to step forward and get tested for this, if they feel any COVID-19 symptoms

Dr Gary Nou, Incident Manager for the National Capital District's Provincial Health Authority, leads the frontline response in the nation's capital of Port Moresby, PNG.

This is a developing story as of September 2020 and an updated version can be found

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©WHO Papua New Guinea

It doesn't matter who you are or where you've been, you must wash your hands before you enter my house. If you're sick, you're not allowed in. I will come and see you outside. Why? Because my mother lives at (my) home and she is old. These are some prevention measures we can all take to protect our elderly against COVID-19.

Dr Gary Nou, Incident Manager for the National Capital District's Provincial Health Authority, leads the frontline response in the nation's capital of Port Moresby, PNG.



Physical distancing being practiced during a community health awareness campaign for COVID-19 by the Western Highlands Provincial Health Authority in partnership with the Tambul-Nibilier District Development Authority in Nibilier, Western Highlands Province. ©Western Highlands PHA/Dammax Kupamu.

“ We have scaled up COVID-19 testing at all urban clinics in the National Capital District and are expanding testing across the country. We want to encourage early health seeking behaviour for those who have COVID-19 symptoms. Together with provincial health authorities and our partners including WHO, we are using all channels of communication to educate people on early health seeking behaviour and prevention measures, as well as enforce messaging on hand-washing, mask use, physical distancing, and the need to limit social gatherings and avoid crowded areas,” said Dr Paison Dakulala, Secretary for Health and Deputy Controller for PNG’s COVID-19 National Pandemic Response.

WHO Country Representative, Dr Luo Dapeng, says the priority at present is to increase testing for early detection and quick response; strengthen health care delivery; and identify and protect vulnerable populations. WHO continues to support the Government to prepare the health system for the worst-case scenario, as well as to build upon the country’s emergency response mechanism.



©WHO Papua New Guinea / Ren Taukarai

Community engagement and action is an important aspect of stopping the spread of COVID-19. Despite PNG’s total number of cases being relatively low compared to the rest of the world, we need to remain vigilant and communicate risk effectively to prevent further transmission of the virus.

Dr Luo Dapeng, WHO Country Representative in Papua New Guinea.



WHO Consultant Lamin Kanyil discusses the criteria for COVID-19 screening at East Sepik Provincial Hospital’s isolation facility in Wewak, East Sepik. ©WHO Papua New Guinea/Ren Taukarai.



Vaccination session at the Tearouki Health Center in Bougainville, Papua New Guinea. ©WHO/Yoshi Shimizu.

PNG’s health system

The health system in PNG has a basic level of primary health care, and there is an urgent need to improve access to health services. For example, in 2018, only about one-third of measles vaccination was taken up. Only one-third of births were supervised, and just about half of pregnant women accessed antenatal care. In the country, 9 mothers and 24 newborn babies die for every 1,000 births.

People do not visit health facilities as much as they could, and there is a low rate of outpatient contact. On the supply side, this is due to a critical health workforce shortage, supply chain issues and the flow of funds to front-line services. On the demand-side, low health seeking behaviour and limited investment in health promotion and behaviour change communication are factors that influence this.

Financial reforms in 2019 helped provincial health authorities manage their own budgets, but the overall national health budget has been decreasing since 2014, and the added burden of COVID-19 is proving a major challenge. There has been limited government funding for COVID-19, and funds have been redirected from other health budget lines.

Dannax Kupamu, a health worker from Papua New Guinea’s second largest city of Mt Hagen, expresses his hopes and fears about COVID-19 amidst the shortage of staffing and resources. The situation affects him both on a professional and personal level as he worries for his 80-year-old father’s failing health.

“ Our current isolation ward can only accommodate seven patients, and then another three to four beds have been set up for any COVID-19 postnatal cases. If COVID-19 comes, I’m prepared to go forward to isolate and quarantine people throughout the community. I believe our province is ready, despite the limitations. But my worry is when it comes to crunch time, will our limited health workforce stand strong?” he says.

Dr Nou expressed similar concerns.

“ We know that about 15% of COVID-19 cases will need some form of hospital care. If 10,000 people get sick – that’s about 1,500 people needing care. This can easily overwhelm our health system,” he said.

It’s not the lethality of the disease or the percentages that we quote, but it’s the mass of populations that it can infect. And how quickly it infects will depend on us individually; how we control the spread by practicing simple prevention measures such as hand-washing, physical distancing and wearing of masks.

Dannax Kupamu, a health worker from Mt Hagen



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Collaborating with national leaders

From the start of the pandemic, WHO and the PNG Government have taken every opportunity to work more closely together to better respond to COVID-19 and improve the country's emergency preparedness and response. This includes leveraging the work already taking place under the UHC Partnership, which is funded by the European Union, the Grand Duchy of Luxembourg, Irish Aid, the Government of Japan, the French Ministry for Europe and Foreign Affairs, the UK Department for International Development and Belgium.

Working with the Prime Minister, Treasury and Ministry of Finance to support a whole of government response to COVID-19, WHO helped to establish an inter-agency financing coordination mechanism around COVID-19 expenditure.

Flexible funding from the UHC Partnership is also enabling WHO to provide additional technical and strategic support that builds on its previous work to strengthen the health system. This includes primary health care, mental health, surveillance and legal reform, which are helping the country respond to COVID-19, maintain essential health services during times of emergency and build a stronger system for the future.

Bringing services closer to home

People need access to health services in their community, close to where they live, especially during a pandemic when rapid response is needed. As resources have become more limited, WHO has provided funding to the West Sepik Provincial Health Authority along the Indonesian border to support an urgent primary health care response to COVID-19.

Mental health support for frontline health workers

Health workers in PNG, as in many other countries, bear much of the burden of caring for people and saving their lives from COVID-19. This is taking a huge toll on their well-being. WHO, with UHC Partnership funding, is scaling up support for mental health services to help health workers cope with the potential stress and impact of the crisis. WHO is working with the mental health directorate to provide electronic tablet-based mental health and psychosocial support, accessible for health workers at the front-line of the COVID-19 response. This has begun at the Rita Flynn Isolation Facility in Port Moresby.



WHO PNG Team Leader for UHC/Health System Strengthening, Anna Maalsen, speaks with mothers during a mass vaccination campaign in a settlement community in Lae, Morobe province. ©WHO Papua New Guinea/Ren Taukarai.

In PNG, we are seeing how international cooperation combined with commitment to achieving health for all at the national level is our best defence against pandemics such as COVID-19. The UHC Partnership has demonstrated this strongly and we will continue to work closely with the Government to engage and capitalise on the opportunities that will arise in the near future and going forward.

Anna Maalsen, Team Leader UHC, Lifecourse and Healthier Populations in the WHO Country Office.





PNG Defense Force medical staff undergo hands-on training on COVID-19 response in July 2020. ©WHO Papua New Guinea.



WHO staff in Port Moresby labelling RNA extraction kits to be moved to the Institute of Medical Research in Goroka, to support testing for COVID-19 in PNG. ©WHO PNG/RenTaukarai.

Surveillance and data

Surveillance and keeping accurate records are crucial to a strong national response to COVID-19. It ultimately influences government decisions, which then have an impact on how far and how fast COVID-19 spreads. PNG faces challenges in accessing real-time data from hospitals and since many people do not visit health facilities, much ill health and death goes unrecorded.

WHO is supporting the Government to increase its ability to make evidence-based and data-driven decisions through building a harmonized national health information system that integrates data from provinces. The surveillance and laboratory data for COVID-19 is also being streamlined, which would then be linked to the laboratory information management system supported by the Fleming Fund. The UHC Partnership will help extend this across a network of 22 provincial laboratories.

Legal reform for COVID-19

COVID-19 is an unprecedented situation and many governments across the world found their legal and regulatory systems unprepared. PNG has a quarantine act from 1953 and a public health act from 1973. Both predate independence and the country's constitution, so when COVID-19 arrived there was a need for a new legal response. In May and June 2019, WHO supported the Government to develop a draft pandemic act, which the parliament subsequently passed. The WHO country and regional teams closely supported the state solicitor and the deputy prime minister to ensure a solid footing for enacting levers for border control and critical quarantine and surveillance mechanisms.

A new national health plan

COVID-19 continues to threaten health systems and societies across the world, but it also presents an opportunity for countries to have a clearer vision for the health of their populations; one that can stand strong in the face of emergencies. The lessons learned from COVID-19 will guide the Government of PNG in the development of its new national health plan for 2021-2030. It is a chance for the Government, communities and partners to build a stronger and more resilient health system for everyone, especially the most vulnerable.



PAPUA NEW GUINEA

FACT

Papua New Guinea (PNG) is on a state of high alert, tackling COVID-19 from community level all the way up to establishing new national legal mechanisms.

WHY IT MATTERS

To implement testing and preventative measures effectively it is important to strengthen health services and improve public understanding about COVID-19, especially in countries like PNG where communal living is so widespread.

EXPECTED IMPACT

Raising awareness of COVID-19 and maintaining essential health services through primary health care approaches will help protect the whole population during the pandemic and beyond.

IN PRACTICE

WHO is providing technical support to the Government in key areas such as primary health care, mental health, surveillance and legal reform to respond to COVID-19 and maintain essential health services during the pandemic.



South Africa steps up hygiene in health facilities to protect against COVID-19

South Africa approved a national strategy to better protect patients and health workers from avoidable infections in health facilities. The strategy, which includes strengthening practical measures such as proper hand hygiene, use of personal protective equipment and cleaning and disinfection of the environment and medical equipment, is one of the crucial aspects of its COVID-19 response.

COVID-19 is a highly transmissible virus, and countries around the world are fighting to prevent and control its spread. One of South Africa's top priorities when the pandemic struck was to scale up infection and prevention control. This fundamental work has been supported by WHO and the UHC Partnership.

When the first case of COVID-19 was confirmed in South Africa on 5 March 2020, it prompted national concern. South African President Cyril Ramaphosa declared a state of National Disaster on 15 March and later initiated a four-week national lockdown, which was further extended. This is now being relaxed gradually in order to allow economic activity to begin to resume.

From the outset, the Government prioritized scaling up of Infection Prevention and Control (IPC). IPC is a vital component of quality care, itself a key element in achieving universal health coverage (UHC). The National Department of Health - among other measures - urgently approved the 'National IPC Strategic Framework' and 'Practical Manual for Implementation of National IPC Strategic Framework'. The timing was crucial in order to support the national control and response to COVID-19.

The effective implementation of the framework will have a direct impact on delivering health services that are designed and managed to minimize the risks of avoidable infections for both patients and health workers. This is crucial at this moment in time in South Africa when COVID-19 cases are escalating.

Promoting infection prevention and control

Good hygiene practices like hand hygiene, use of personal protective equipment and cleaning and disinfection of medical equipment and environment – just some of the elements of IPC – are at the forefront of COVID-19 responses worldwide. They protect both patients and health workers from infection. However, these IPC practices, along with many others, are needed in hospitals and health centres at any given moment.

Without good IPC, many medical practices can lead to healthcare-associated infections and can cause harm to patients and health care workers. In low- and middle-income countries, healthcare-associated infections are double those in high-income countries. Current threats posed by epidemics such as Ebola and cholera, pandemics like influenza and COVID-19, and antimicrobial resistance (AMR) are increasingly major challenges to public health. Strong IPC measures play a key role in combatting them all.

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I believe and trust that this strategic framework for IPC and the practical manual for its implementation will strengthen evidence-based practices at national, provincial, district and health facility levels towards combating threats posed by epidemics, pandemics and antimicrobial resistance.

Dr Anban Pillay, Acting Director General,
National Department of Health, South Africa.





Developing guidance for infection prevention and control

Initiated in 2007, South Africa's first National IPC Policy and Strategy pre-dated the key elements of the WHO guidelines on core components of IPC programmes which were issued in 2016. The Government therefore needed to make revisions to align their policy with current WHO guidance.

WHO worked with the National Department of Health and the IPC technical working group to develop the National Infection Prevention and Control Strategic Framework. The draft document was presented to several national committees and at a national consultative workshop with a range of representatives from the public and private health sector.

This support was provided through the UHC Partnership as part of WHO's overall COVID-19 response. The Partnership is funded by the European Union (EU), the Grand Duchy of Luxembourg, Irish Aid, the Government of Japan, the French Ministry for Europe and Foreign Affairs, the UK Department for International Development and Belgium.

The strategic framework gives guidance to public and private health facilities and health workers on compliance with standards relating to IPC practices. A practical implementation manual to accompany the framework was developed in parallel, to further assist health facilities.

“Since 2010, and in line with the EU's human rights approach to health, the Union has supported the Government's efforts regarding Universal Health Coverage. In addition, since 2016, the EU has financed WHO to provide technical assistance on this important work-in-progress. This year the EU significantly increased its global support to WHO to tackle the global coronavirus pandemic. We support WHO's swiftly re-oriented efforts to stand by South Africa at this time of crisis by deploying doctors and much needed expertise to the most affected provinces of the country. As South Africa's number one transformation partner we remain committed, in this period of global pandemic, to South Africa's efforts to roll out a universal National Health Insurance scheme,” said Dr Riina Kionka, European Union Ambassador to South Africa, and speaking on behalf of #TeamEurope.

Thank you to WHO for the support provided throughout the development of the documents.

Ronel Steinhobel, National Department of Health, Directorate Quality Assurance.

“The COVID-19 response requires scaling up urgent multisectoral actions, at the centre of which should be robust containment measures while preparing for surge capacity. It is critical to ramp up testing, treat and isolate those who are infected while quickly tracing the contacts for appropriate measures,” explained Dr Owen Kaluwa, WHO Representative to South Africa, as he addressed the South African public on national TV.

South Africa demonstrated its commitment to pandemic preparedness by volunteering in 2018 for a Joint External Evaluation of its capacities to prevent, detect and respond to health emergencies. The country used the results to develop a National Action Plan for Health Security the following year, which included a focus on antimicrobial resistance.

WHO is also currently working with the Incident Management Team (IMT) on the National Plan for COVID-19 Health Response looking at various ways in which the Government’s response could be scaled up. The country health response outlines key containment and mitigation measures including roles of key players at different levels of the health system.

“This strategy derives from the WHO framework on Country Operational Preparedness and Response Guidance but has been contextualized to South African scenario and needs. It aims to support the Government in slowing the spread COVID-19 in South Africa and minimize potential negative impact on the health and wellbeing of South African society and economy,” said Dr Rajesh Narwal, WHO Health Systems Advisor,

WHO has sent teams to five highest risk provinces where they are working hand-in-hand with provincial departments of health in joint operation centres. These teams continue to provide technical advice and support to provincial health departments on a day-to-day basis, which is critical for the response on the ground.

Given the number of rising cases of COVID-19 in South Africa, the Government’s strategic direction and actions together with the support it receives from all partners, including WHO and the EU, are crucial. Infection prevention and control will play a key part in protecting health workers and patients both during and after this crisis.



SOUTH AFRICA

FACT

The Government of South Africa urgently approved and is now implementing its 'National Infection Prevention and Control Strategic Framework', a critical strategy underpinning responses to epidemics and pandemics.

WHY IT MATTERS

Effective infection prevention and control protects both patients and health workers, which is especially important when COVID-19 is spreading rapidly.

EXPECTED IMPACT

Strong infection prevention and control measures will help save lives among the 58 million people living in South Africa, especially in vulnerable populations. It has a direct impact on healthcare associated infections and the spread of COVID-19.

IN PRACTICE

WHO supported the development of the South African National Infection Prevention and Control Strategic Framework and its roll-out to provinces.



Dr Owen Kaluwa, WHO Representative, is briefed on COVID-19 supplies in one of the WHO-supported provinces ©WHO/South Africa.



Dr Zwell Lawrence Mkhize, South Africa's Minister of Health, in discussion with the Kwazulu Natal provincial team and WHO staff. ©WHO/South Africa.



Suriname's COVID-19 response boosts health system

Suriname is preparing to emerge stronger from COVID-19. As the pandemic highlights the gaps in the country's health system, the Government is acting quickly. It is driving its response, engaging partners, reaching remote communities through primary health care and building a strong foundation for universal health coverage.

About 90% of Suriname's landmass is characterized as tropical rainforest. Deep in the midst of the rainforest, swampy plains and unexplored mountains live remote indigenous communities who are vulnerable to a number of health issues. In these areas, primary health care is the first and sometimes the only option.

Reaching remote communities is just one of the many challenges that Suriname faces. COVID-19 has further exposed critical gaps in its health system. The country has a limited number of health workers with just eight physicians and 23 nurses per 10,000 people. Few medical specialists or nurses are trained to support Intensive Care Units. The health system infrastructure needed to maintain essential public health functions is still under development.

COVID-19 arrived when the country was just beginning to review the regulation, procurement and management of medicines and medical technologies and to develop a national health information system to improve decision-making.

Suriname does not have much experience in tackling emergencies. Except for flooding, it is not at risk for natural disasters. So its capacity to implement the International Health Regulations (IHR, 2005) to help with emergency preparedness and response is also limited. Now that most resources are focused on the COVID-19 response, the country is fighting to maintain essential health services and continuity of care throughout the whole country, including to populations in remote areas.

This is a developing story as of September 2020 and an updated version can be found

[HERE](#)





In Suriname, the models used to provide health services in the coastal plains and in the interior reflect the specific needs of the populations in those areas. They re-emphasize the need to further invest in primary health care and to use innovative models of comprehensive and timely service delivery to ensure that no one is left behind. COVID-19 demonstrates this as the economic and social situations in the border communities with French Guyana and Brazil puts those areas at highest risk of transmission of the disease and consequently to the whole country.

Dr Karen Lewis-Bell, PAHO/WHO Representative in Suriname.

Responding to COVID-19

Suriname is determined to succeed. In January 2020, when the world became aware of the threat of COVID-19, Suriname's Ministry of Health convened a Public Health Response team headed by the Director of Health. It started developing standard operating procedures aligned with the country's pandemic influenza preparedness plan. Together, PAHO/WHO and the Ministry of Health

developed guidelines for quarantine management, monitoring of ports of entry, protocols for early detection and screening and clinical management.

The first case of COVID-19 was confirmed on 13 March with only ten cases identified by 28 March. After a 49-day lull in reported cases between 28 March and 16 May, Suriname was poised to relax public and social measures. However, the number of new cases started to rise in late May.

In addition to the health sector response, the Government set up a national COVID-19 Management Team under the office of the Vice President to oversee the emergency preparedness and response and engage various sectors and partners. The country now has a COVID-19 National Preparedness and Response Plan and has identified the technical and financial support that are required for an effective health sector response.



UHC Partnership support for COVID-19

Since the start of 2020, WHO, through the UHC Partnership, has expanded its support to strengthen Suriname's health system with the goal of helping the country achieve universal health coverage, and now working in the context of COVID-19. With funding from the European Union, the Grand Duchy of Luxembourg, Irish Aid, the Government of Japan, the French Ministry for Europe and Foreign Affairs, the UK Department for International Development and Belgium, the Partnership is building on activities previously carried out by PAHO/WHO that need additional resources to continue or scale up.

Work has been in four main areas:

1. Saving lives

PAHO/WHO assisted the Ministry of Health to prepare for COVID-19. Support was provided in assessing the readiness of hospitals nationwide to check for gaps in coordination, infection prevention and control, and human resource allocation. Guidance was also provided on the clinical management of COVID-19 and the re-organization of health services for surge capacity. PAHO and the Ministry used forecasting tools to estimate the essential supplies and capacity needed to effectively respond to COVID-19, including the growing need for health workers.

2. Protecting health workers

PAHO/WHO has provided technical guidance on infection prevention and control and on the provision and use of Personal Protective Equipment (PPE) for health workers. Three Open WHO COVID-19 online courses were translated into Dutch to make them more accessible to all health workers in Suriname now that training sessions need to be held virtually. This enabled more than 500 health workers to receive training in putting on and taking off PPE, infection prevention and control and hand hygiene.

3. Slowing the spread

PAHO/WHO has provided significant guidance to the Ministry of Health on case detection, contact tracing, isolation and quarantine. The PAHO Suriname country office visited a proposed alternative medical care site for the management of over 100 mild COVID-19 patients and made recommendations on the flow of patients, the space needed to maintain infection prevention and control and the allocation of space for health workers and managing supplies.

4. Epidemic intelligence

PAHO/WHO provided guidance on establishing an emergency operations centre, and provided equipment and supplies including laptop computers, mobile phones, logistics management tools, among others. Through WHO's support,

Suriname was the first country in the Caribbean to use go.data - a WHO/GOARN web-based outbreak investigation tool - to track and report basic data on suspected and confirmed COVID-19 cases and deaths disaggregated by age, sex and location. Suriname is now looking to enable other partners to use this system, especially in interior areas where contact tracing is even more challenging. PAHO/WHO has provided test kits, reagents and consumables to the designated COVID laboratory in the country and continues to update the skills of laboratory personnel.

Meanwhile, the Suriname PAHO/WHO country office has, on request from the Ministry of Health, coordinated risk communication and community engagement work. PAHO/WHO colleagues have worked closely with country partners including other UN agencies and NGOs to develop and produce print and electronic media materials to communicate effectively with vulnerable groups including those with non-communicable diseases and mental health disorders. PAHO/WHO in Suriname has worked hard to ensure that these vulnerable groups, including those living in the interior, are specifically targeted with appropriate materials in their own language.

The future of public health in Suriname

The Government's experience in preparing for COVID-19 and its urgent actions to keep its population safe have also brought a unique opportunity to chart a new path for public health in the country.

Looking forward, PAHO/WHO will continue to support Suriname in strengthening its capacity in health emergency preparedness beyond COVID-19. As this requires robust

cross-sectoral engagement and collaboration, PAHO/WHO will support multi-sectoral coordination so that Suriname can develop and maintain capacities to prevent, detect and respond to future outbreaks, epidemics and pandemics.

Suriname is learning from its response to COVID-19 and is preparing to rise from the pandemic with a stronger, more resilient health system that leaves no one behind.



SURINAME

FACT

COVID-19 highlighted the urgent need to strengthen Suriname's health system. The Government is taking steps to ensure that the whole population can access essential health services during the COVID-19 pandemic and beyond.

WHY IT MATTERS

Suriname is seizing the opportunity to build a stronger health system that is more resilient to shocks so it can provide services to everyone, including the most remote and vulnerable populations.

EXPECTED IMPACT

The Government's strategic approach in responding to COVID-19 aims to save lives and address urgent needs while building a strong foundation to achieve universal health coverage.

IN PRACTICE

The Ministry of Health and PAHO/WHO have together developed strategies and guidelines in four main areas: saving lives, protecting health care workers, slowing the spread of the virus and strengthening epidemic intelligence.



PAHO/WHO supported Suriname in advancing preparedness and response capacities. The Central Laboratory of the Bureau of Public Health/Bureau voor Openbare Gezondheidszorg (BOG) was provided reagents for molecular testing. Laboratory technologists were trained in conducting screening and confirmatory tests for COVID-19. This photo was taken in February 2020, before COVID-19 hit the country. ©PAHO/WHO.



The Malaria Program and the Institute for Biomedical Sciences in Suriname (MWS) are cooperating on conducting scientific studies of molecular screening with Real-Time PET PCR for malaria identification (even with very low parasitaemia). ©PAHO/WHO.

Timor-Leste's swift action prevents community transmission of COVID-19

A small country with a fragile health system is surrounded by countries reporting alarming rates of COVID-19 infections. With limited resources and capacities, and a very small window of opportunity, how is the government protecting its population?

This is a developing story as of September 2020 and an updated version can be found

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In a small village in the west of Timor-Leste, a village chief is awakened at 4am. A community member urgently passes on the news that a person has arrived from the border.

He immediately contacts the newly-formed government surveillance team that visits, interviews and refers migrants to a government quarantine facility for assessment and testing for COVID-19.

“This is a job I take very seriously. I know that if I let my guard down for just one moment, lives will be at stake,” said Sr Eurico da Costa de Jesus, who served as village chief for 15 years in Comoro, Dili.

In April, Timor-Leste had 24 confirmed cases, but its closest neighbor, Indonesia with whom it shares a land border has regularly been reporting a rapid rise in numbers. Community vigilance along the borders, while respecting migrants' human rights, is just one part of a vital and complex surveillance system for COVID-19, involving hospital, health facility, sentinel and national data collection. It is led by the Ministry of Health and supported by WHO along with the UHC Partnership and other multi- and bi-lateral partners and is part of the intensified effort to protect the population from COVID-19.

We are looking out for each other as a community. We are looking out for our country. This is the only way we can be safe.

Virginia dos Santos, student and professional fashion model from Timor-Leste

We are achieving very important gains in Timor-Leste through our partnership with WHO. We are committed to supporting the country to ensure that its citizens are safe from COVID-19 and future pandemics. The world will not be safe until everyone is safe.

Andrew Jacobs, EU Ambassador to Timor-Leste.



Andrew Jacobs, EU Ambassador to Timor-Leste. ©WHO/Shobhan.



Virginia dos Santos, student and professional fashion model. ©WHO/Naida Fernandes.



Transforming a fragile health system

For any country, COVID-19 presents a daunting challenge. For a new country like Timor-Leste, which has a fragile health system with a limited health budget, a shortage of health workers, and an underfunded medical supply system, COVID-19 could spell disaster. However, the Ministry of Health has acted swiftly, enabling the country to effectively contain the outbreak so far. The Ministry's leadership has worked closely with WHO and has received a high level of technical support from the UHC Partnership.

Until now, almost all cases have been linked to clusters contained within government identified quarantine centres. There has, so far, been no community transmission. This could change at any time but as a result of early positive steps, the country is in a stronger position to respond to new outbreaks.

Until the first confirmed case on 21 March 2020, Timor-Leste had no identified isolation and quarantine facilities, limited surveillance capacity and had just initiated in-country testing for COVID-19.

In five to six weeks, it transformed to have in-country testing, functional COVID-19 facilities, staff rapidly trained on COVID-19 management, a gradual increase in stocks of Personal Protective Equipment (PPE), capacity for an expanded testing strategy and active surveillance capabilities.

So how did this transformation come about?

National action and international cooperation

Since 2011, WHO has been supporting Timor-Leste to strengthen its health system. Through the UHC Partnership, it provides extensive technical assistance in areas such as health financing, primary health care and human resources for health, thanks to the funding provided by the European Union (EU), the Grand Duchy of Luxembourg, Irish Aid, the Government of Japan, the French Ministry for Europe and Foreign Affairs, the UK Department for International Development and Belgium.

As soon as WHO warned the world of the threat of COVID-19 and subsequently declared a Public Health Emergency of International Concern on 30 January, the WHO country office led by Dr Rajesh Pandav,

WHO Representative, took immediate action. The long-standing relationship between WHO and the Government proved crucial at this stage.

Dr Pandav met with President Francisco Guterres, Prime Minister Taur Matan Ruak, the Parliament and senior government officials to continually raise the alarm for urgent preparedness.

Political leaders and the government responded to this call. The Prime Minister set up a crisis management centre and multisector task force, which then developed a national COVID-19 Preparedness Action Plan with support from WHO and other partners.

WHO's previous work with Timor-Leste also paved the way for an effective response. In 2019, WHO supported Timor-Leste to develop its Pandemic Influenza Preparedness Plan and integrated it with the National Action Plan for Health Security. This helped place Timor-Leste in a strong position to prepare for all health security situations in the medium- to long-term, map multisectoral health security resources and take action around COVID-19 for sustainable preparedness.

Technical assistance and flexible funding

WHO was on the ground straight away when the first suspected case of COVID-19 was reported. The initial patient interview and support with testing was provided by WHO staff supported through the UHC Partnership.

The UHC Partnership's funding and technical support is programmed to be flexible in order to quickly respond to priorities identified by the government. This agility and bottom-up approach has made all the difference.

WHO then guided the nationwide response by providing technical assistance to establish quarantine and isolation centres, testing facilities, training health workers and emergency responders in case management, infection prevention and surveillance, and building capacity for data collection. It also provided the country with its first set of test kits and Personal Protective Equipment (PPE) for health workers.



Dr Rajesh Pandav, WHO Representative to Timor-Leste. ©WHO/Shobhan.

Timor-Leste's statement at the 73rd World Health Assembly in May 2020 acknowledged this WHO support:

“ I would like to express my deep gratitude for the support we have received from the World Health Organization in strengthening our COVID-19 response. The technical and logistical support from the country office and the regional office, including the supply of our first batch of PPE and test kits, have been crucial for a rapid and comprehensive response. The Ministry of Health appreciates the continued support from Dr Rajesh Pandav, WHO Representative, Timor-Leste and Dr Poonam Khetrpal Singh, Regional Director, WHO South East Asia Region,” said Dr Odete da Silva Viegas, Director General of Health Services, Ministry of Health, Timor-Leste.



Dr Odete da Silva Viegas, Director General of Health Services, Ministry of Health, Timor-Leste. ©WHO/Shobhan.

The COVID-19 preparedness and response journey in Timor-Leste is far from over, but it is immensely gratifying to witness this solidarity and commitment at the national and global level as we work alongside the Government of Timor-Leste and the EU delegation, and to have the push and persistence from WHO both at the Regional Office and the Headquarters in Geneva. If we stand together, we can control COVID-19 before it takes more lives.

Dr Rajesh Pandav, WHO Representative to Timor-Leste.



Bonifácio Maucoli dos Reis.
©WHO/Shobhan.

The support from WHO has been immensely valuable right from the outset. This includes the National Action Plan for COVID-19 preparedness and response, numerous technical guidelines adapted to the Timor-Leste context, laboratory support, training of health workers and surveillance capacity building.

Bonifácio Maucoli dos Reis, Vice Minister for Strategic Health Development and Acting Minister of Health.

Collaboration through partners

WHO and the EU, through the UHC Partnership, are co-chairs of the Timor-Leste Development Partners Forum. WHO and the EU have emphasized that, now more than ever, all bilateral partners need to work in solidarity and coordinate their efforts. During the COVID-19 outbreak, partners sought WHO's advice and relied on the country office as a point of coordination to support Timor-Leste's national emergency response.

WHO also initiated strong multisectoral dialogue. With this solid foundation, all country health partners helped meet the government's needs, including providing additional funding. Taking advantage of WHO's convening power, agencies including the United States Agency for International Development (USAID) and the Australian Government's Department of Foreign Affairs and Trade (DFAT) provide collective support not only for the national response to COVID-19 but also for other health services including a recent outbreak of dengue and a flooding emergency.

COVID-19 has emphasized the criticality of a strong and resilient health system focused on primary health care as the best response to this and future pandemics. Timor-Leste is firmly committed to providing universal health coverage to all its people.

Dr Odete da Silva Viegas, Director General of Health Services, Ministry of Health, Timor-Leste.

Moving forward: ears on the ground

Timor-Leste's 'state of emergency' includes travel restrictions, managed migration and other social interventions such as physical distancing and wearing of masks in communal areas, temporary suspension of schools and religious congregations, restrictions on public transport and cash transfer for poor households. But when these restrictions are lifted, community transmission is likely to follow. It is therefore crucial to establish an early warning system to identify 'hotspots' where the disease is spreading, introduce localized restrictions and reinforce public health and social measures.

Stronger surveillance and expanded testing are currently providing 'ears on the ground' to pick up early signals of cases. All referral hospitals and municipalities now act as sentinels and collect samples on a regular basis. When cases are detected,

the surveillance team responds immediately with contact tracing. Communities also need to continue looking out for any possible threat and alert the authorities.

WHO has also developed and supported a surveillance database, which the Ministry of Health now uses to track all COVID-19 tests and confirmed cases, and numbers in quarantine and isolation. All the information from the Ministry of Health and the government crisis management centre comes from this surveillance database. This system will soon be integrated into the country's general health information system.

There have been no confirmed cases in Timor-Leste for the last two months, but with cases still rising in neighboring Indonesia, the spectre of COVID-19 importation looms large. Timor-Leste's health system has now incorporated a proper emergency response mechanism and is doing all that it can to detect cases and prevent them from spreading. The UHC Partnership stands ready and willing to provide whatever support the Government might need in the future.



Timorese health care workers undergoing the clinical case management training at the National Hospital facilitated by WHO and health development partners. ©WHO/Shobhan.



Timorese health workers undergoing training on how to use PPE facilitated by WHO and other health development partners. ©WHO/Shobhan.



TIMOR-LESTE

FACT

Timor-Leste's quick and so far effective response to the COVID-19 crisis is a result of government leadership, supported by technical guidance from WHO and needs-based support from the UHC Partnership.

WHY IT MATTERS

Timor-Leste has a fragile health system, with limited capacity for managing critical cases, few functional isolation facilities and difficulties procuring timely medical supplies. If the COVID-19 virus spreads widely, the health system could be rapidly overwhelmed.

EXPECTED IMPACT

Timor-Leste has now increased its capacity to respond to COVID-19 and is better prepared than before to deal with the emergence and control of new cases.

IN PRACTICE

WHO raised the alarm about the urgent need for COVID-19 preparedness and the UHC Partnership, along with other multi- and bi-lateral partners, provided critical technical, logistical and financial support for the COVID-19 response.



Ukraine working towards universal health coverage while responding to COVID-19

Ukraine is transforming its health system so that people can get the quality health care services they need without experiencing financial hardship. Learn how Ukraine is protecting its population from COVID-19 and future threats to health.

Andrii, a 25-year-old doctor living in the city of Khmelnytskyi in western Ukraine began to feel unwell. It was in March 2020, when the COVID-19 outbreak had started in the country. Armed with medical knowledge, he immediately self-isolated from his wife and other family members. As his symptoms worsened, he called an ambulance, and eventually tested positive for COVID-19 while in hospital.

“While I was in hospital, testing and examinations were free of charge, but I had to find and buy my own medicines. I am very grateful to the anesthesiologists of Khmelnytskyi region and other colleagues who helped me find and buy medicines while my family members were in fourteen-day isolation. Since then, the availability of medicines in hospitals has improved and medicines are now provided to patients free of charge,” said Andrii.

The transformation of health services to ensure that patients can be tested and treated for COVID-19 free of charge is just one of the many positive steps the Ukraine Government has taken. It demonstrates the Government's commitment to universal health coverage (UHC), ensuring that no one is left behind and everyone can access the health care they need without experiencing financial hardship.

This commitment to UHC has been evident since 2015 when the Government initiated the reform of its health system to improve the population's health and ensure financial protection from out-of-pocket payments. The reform aims to increase efficiency, modernize an obsolete service delivery system and improve access to better quality of care.

WHO, through the UHC Partnership, has been walking hand-in-hand with the Government since the very first steps on this road. It provided continued and consistent technical support on health financing and service delivery with a strong focus on strengthening primary care, working closely with national and international stakeholders throughout elections cycles and changes in the Government. The Partnership, which assists 115 countries in accelerating progress to achieve UHC, is funded by the European Union (EU), the Grand Duchy of Luxembourg, Irish Aid, the Government of Japan, the French Ministry for Europe and Foreign Affairs, the UK Department for International Development and Belgium.

This is a developing story as of September 2020 and an updated version can be found

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“Currently, the Ministry of Health of Ukraine is working to ensure that Ukrainians obtain systemic changes in the medical sphere and we have already achieved significant results on this path. Despite the ongoing fight against the COVID-19 pandemic and the challenges it poses, we are continuing the process of comprehensive health system reform,” explained Maxym Stepanov, Minister of Health of Ukraine.



Maxym Stepanov, Minister of Health of Ukraine.
Photo courtesy of the Ministry of Health of Ukraine.

“In particular, our team at the Ministry of Health is carrying out transformation that will change not only the funding system, but also the quality of medical services. We are building a socio-economic model of medicine that will help achieve European quality and accessibility of medical services for patients and decent salaries for health professionals. In recognition of the vital work of health workers to keep our society healthy and safe, we successfully negotiated additional funding to cover a long-awaited increase in salaries for health workers. The Parliamentary Committee on Budget supported the Government's decision initiated by the Ministry of Health to allocate UAH 5.9 billion [\$0.2 billion] for additional payments to medical staff from 1 September until the end of the year [2020],” the Minister added.

COVID-19 in Ukraine

Ukraine recorded its first case of COVID-19 on 3 March 2020. By the end of August, there had been more than 108,000 confirmed cases and over 2,000 people had lost their lives. From the start of the outbreak, WHO has continued to support the Ministry of Health to further develop three key areas of its health system: health financing, service delivery, and governance. This strengthens both the emergency COVID-19 response and progress towards UHC.

“The COVID-19 pandemic is a global challenge, which puts health systems worldwide to the test. Working with WHO, and thanks to the UHC Partnership supporting countries in Europe and beyond, the European Union is among the biggest contributors to the Ukrainian response to COVID-19 to strengthen the health system, improve access to high-quality health services and increase financial protection for the Ukrainian population,” said Matti Maasilta, Head of the EU Delegation to Ukraine.

Health financing – increasing access to health care without financial hardship

Before health system reforms took place, nearly a third of Ukrainian people in need of hospitalization did not use it due to cost. Although the constitution enshrines the right to health and UHC, in practice, access to health services was often limited and many people had to pay for care themselves. As a result, out-of-pocket payments account for a very high share of health spending in Ukraine. The share of households experiencing catastrophic and impoverishing health spending has been among the highest in the European region.

In this context, WHO with support of the UHC Partnership, has played a key role in initiating and supporting transformative health financing reform. From the first days of the reform process, WHO has been in a constant dialogue with the Government of Ukraine and other partners to further advance health financing reform implementation. WHO has been providing technical advice and supporting the National Health Service of Ukraine in ensuring adequate financing was provided to hospitals to ensure all Ukrainians had access to diagnostic and treatment services for COVID-19 caused by coronavirus SARS-CoV-2.

“With the COVID-19 pandemic in 2020, it is even more important for WHO to continue supporting ongoing dialogue on the transformation of the Ukrainian health system to ensure the population has better access to health services and medicines. WHO is maintaining its strong dialogue with the Ministry of Health and national stakeholders as well as development partners to progress with the health care reform’s second phase, which started in 2020. This is crucial to ensure essential services are available at the same time as when we also provide access to COVID-19 consumables as for example personal protective equipment, technical assistance and policy advice related to COVID-19 response,” said Dr Jarno Habicht, WHO Representative and Head of WHO Country Office in Ukraine.



Service delivery – assuring primary health care services

Primary health care (PHC) is the foundation of strong health systems and it is central to COVID-19 response. PHC serves as a critical first line of defense from COVID-19 and to keep people safe and healthy. It can help diagnose, track and stop the spread of local outbreaks while providing essential health services for non-COVID-19 patients.

In May and June 2020, WHO working closely with the National Health Service of Ukraine analyzed the role of PHC in its COVID-19 response and continuation of delivery of basic essential health services. It resulted in a set of policy recommendations focusing on how to further strengthen the primary care response to COVID-19 and restore essential services. WHO continues working with the Ministry of Health and the National Health Service to identify and prioritize the strategies on strengthening the role and capacity of primary care to support COVID-19 response while ensuring maintenance of core primary health services.

“The Ukrainian health system’s main goal is to provide all Ukrainian citizens with equal and free access to quality health services and build a patient-centered model of care. The National Health Service of Ukraine, established as part of the reform, became a critical agent of change, bringing about tangible benefits for access to PHC and other services. The COVID-19 pandemic has galvanized earlier planned reform initiatives aimed at UHC targets. The Ukraine’s health system COVID-19 response consists of a combination of service delivery optimization and targeted the tailor-made flexible funding schemes,” said Oksana Movchan, Deputy Head of National Health Service of Ukraine.

Governance – aligning with public health goals

WHO has been consistently engaged in issues related to governance in the health sector and most recently, intensified its support to the ongoing policy dialogue on decentralization reforms. Ukraine’s decentralized governance means that regions have significant decision-making authority when it comes to health service provision, including various aspects of response to the pandemic. They have the capacity to take proactive approaches that are appropriate for the situation in their areas, such as in developing physical distancing measures, ensuring delivery of essential health services,

providing transportation and personal protective equipment to health care workers. To promote more effective implementation of national policies and better response mechanisms at sub-national level WHO together with the Ministry of Health and Public Health Center of Ukraine developed a new tool to monitor public health response measures and epidemiological situation at oblast level.

For example, the Khmelnytskyi Oblast organized an immediate response among regional health care institutions when at least one patient with COVID-19 was detected.

“In particular, about 200-300 people were tested at the same time. Thus, during March-June 2020 it was possible to significantly reduce the spread of infection among organized groups of hospitals,” said Oleg Balashov, Chief State Sanitary Doctor of Khmelnytskyi Oblast.

In the Zhytomyr region, public health has played a critical role during the COVID-19 crisis.

Representatives of local governments are involved in video conferences to coordinate joint efforts to combat the spread of acute respiratory disease COVID-19 in the region. The population is informed about the prevention of COVID-19 through the media and the topic is regularly covered by the radio ‘Zhytomyr Wave’, TV channels SK-1, UA-Zhytomyr, Soyuz-TV. We also have articles on the official websites and social media platforms of the Regional State Administration and regional Center for Public Health.

Yurii Pavliuk, Deputy Head of the Department of Disaster Medicine and Organization of Medical Care for the Population of the Department of Health of Zhytomyr Regional State Administration.



A laboratory in Kyiv, Ukraine, performing PCR tests. ©WHO/Valeri Vodopianov.

UHC means health for all

As the world is confronted with one of the most devastating health crises in history, Ukraine’s experience demonstrates the value of reforming health financing, service delivery and governance; the key areas, that set the foundations of health systems in all countries. In both ordinary and extraordinary times, UHC principles are at the core of keeping all communities healthy, safe and productive.



A mother waits with her small child for polio vaccination in Ukraine. ©WHO/Alex Shpigunov.



UKRAINE

FACT

Ukraine has acted quickly during the COVID-19 crisis to ensure that people do not have to pay for COVID-19 testing and treatment services. Its recent reforms in health financing played a key role in the process.

WHY IT MATTERS

Universal health coverage means that everyone can use health services when and where they need them, without experiencing financial hardship. Removing barriers to access is especially critical in a pandemic.

EXPECTED IMPACT

With a stronger health system and a foundation of effective primary health care, the whole population can safely and affordably access essential health services, including services related to COVID-19.

IN PRACTICE

WHO, including through the UHC Partnership, has supported the Ukrainian Government to strengthen health system financing, service delivery and governance for a faster, more effective response to COVID-19 while accelerating progress towards UHC.

Acknowledgement

We would like to thank all those people in country and regional offices who have supported the process of documenting the crucial work and experiences that can serve as valuable resources to be shared across countries; your efforts are much appreciated. We would also like to thank our donors and partners who have made this work possible, and to all the technical staff of WHO who continue to provide coordination and technical expertise to support the acceleration of progress towards UHC.

If you have comments or feedback please contact jwt@who.int



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COVID-19 is not just a global health emergency, it is a vivid demonstration of the fact that there is no health security without resilient health systems, or without addressing the social, economic, commercial and environmental determinants of health. More than ever, the pandemic illustrates why investing in health must be at the centre of development.

Dr Tedros Adhanom Ghebreyesus, WHO Director-General

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