Stories from the Field

ISSUE 5 – 2021

WHO MAGAZINE ON UNIVERSAL HEALTH COVERAGE (UHC)

Special issue on COVID-19

8 new stories

World Health Organization

Powered by the Joint working team for UHC & PHC

#UHCPartnership

PRIMARY HEALTH CARE

Dr Tahawur Abbas Khaleeq is a polio eradication officer who is leading a rapid response unit for COVID-19 in Pakistan. ©WHO / Blink Media - Saiyna Bashir.

Front cover photo: ©WHO / Sebastian Meyer

About the Universal Health Coverage Partnership

The Universal Health Coverage Partnership promotes universal health coverage (UHC) through strengthening health systems by 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 for UHC through a primary health care approach.

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 tenth year of operation. Since it started in 2011, it has evolved into a significant and influential global partnership working in 115 countries and areas 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 3 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 responding to the pandemic. With countries at different stages of their response and each with distinct needs, flexibility in terms of funding and adapting to local contexts and changing priorities allowed WHO to deliver assistance in a timely manner, where it is 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
- United Kingdom – Foreign, Commonwealth & Development Office
- Belgium

“The Community Health Aides are assisting with community education, contact tracing and our educational sessions on social distancing and hand hygiene.”

Eva Vigiland, Community Health Nurse, Dominica.

Contents

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 second special issue of WHO's Stories from the field on universal health coverage, which documents how countries are reshaping their health systems amid one of the most devastating pandemics in history.

Universal health coverage (UHC) is an ambitious goal that the world can't afford to miss. The lessons that countries are currently learning from the COVID-19 pandemic all underscore that investing in health for all is not optional. Stable, equitable, prosperous and peaceful societies and economies are only possible when no one is left behind. This crisis is an opportunity to seize the moment to make changes that benefit both UHC and health security.

The lessons that countries are currently learning from the COVID-19 pandemic all underscore that investing in health for all is not optional.

The UHC Partnership, one of WHO's largest initiatives for international cooperation for UHC, supports countries to strengthen the foundations of their health systems to boost their COVID-19 response, enhance preparedness for impending health emergencies, and ensure that everyone, especially the most vulnerable, can access the essential health services they need without experiencing financial hardship.

Countries are demonstrating that effective primary health care and a strong health workforce are among the most powerful ways to bring health services closer to communities, protect everyone from all health threats and inch closer to UHC. Some of these country examples are documented in the UHC Partnership's special series of stories from the field on the COVID-19 response.

© WHO / Ploy Phutpheng.

WHO Americas Region: Colombia
COVID-19 has spread across Colombia but there is still an opportunity to prevent widespread transmission in areas like the Alta Guajira desert, a remote region inhabited by the some of the most vulnerable communities in the country. Determined to protect them from the pandemic, the Government is enhancing access to primary health care that respects indigenous culture and traditions.

WHO Americas Region: Dominica
Community health workers are at the heart of the COVID-19 response in Dominica's Roseau Health District. Bringing health care closer to the community through primary health care and training the health workforce in people-centred care has so far proven to be the best protection against the pandemic.

WHO European Region: Georgia
As Georgia tackles a surge in COVID-19, it is taking a forward-looking approach by setting a strong foundation for primary health care that supports the pandemic response while making health services more accessible to communities. How can this transformation ensure that now and in the future, no one is left behind?

WHO Africa Region: Ethiopia
Health workers are vital to the global response to COVID-19. With resources stretched to the limit and health systems under immense pressure, countries need more health workers on the ground to tackle the pandemic while continuing to provide other essential health services. Ethiopia has been preparing its health workforce to respond to COVID-19, build a resilient health system and move a step closer towards health for all.

WHO South-East Asia Region: India
The state of Assam in northeastern India is showing how primary health care not only makes health services accessible to communities: it is also an effective way to prepare for and tackle health emergencies. At the heart of Assam's response to COVID-19 are community health workers, locally known as COVID-19 warriors. They are leading surveillance efforts, enabling early detection, isolation and treatment and keeping the virus from spreading further.

WHO Eastern Mediterranean Region: Islamic Republic of Iran
As COVID-19 continues to spread across the Islamic Republic of Iran, effective primary health care is crucial in accelerating the national response. It makes health literacy and health services more accessible to households, supporting prevention, case detection and treatment right where communities need them.

WHO Western Pacific Region: Lao PDR
Lao PDR is boosting the capacities of the people who protect the nation's health. A stronger health workforce is key to the country's response to COVID-19 and serves as the foundation of a resilient health system and UHC.

WHO Eastern Mediterranean Region: Somalia
Somalia's experience in addressing COVID-19 illustrates how investing in universal health coverage sets a strong foundation for heath emergency preparedness and response. The Government is working to ensure that people can access quality health care without experiencing financial hardship.

This is a developing story that is updated as information from the field becomes available. Please check back regularly for updates: **uhcpartnership.net/story-colombia**

Colombia responds to COVID-19 with an intercultural health model

COVID-19 has spread across Colombia but there is still an opportunity to prevent widespread transmission in areas like the Alta Guajira desert, a remote region inhabited by the some of the most vulnerable communities in the country. Determined to protect them from the pandemic, the Government is enhancing access to primary health care that respects indigenous culture and traditions. Learn how Colombia is taking action to better protect its populations against COVID-19.

A woman from the Wayúu community in Alta Guajira, Colombia. ©PAHO/WHO/Karen González Abril

A young Wayúu lady collects water to take to her community. ©PAHO/WHO/Karen González Abril.

Under current COVID-19 guidance, all communities across Colombia are obliged to cremate people when they die, but an exception is made for the indigenous people of Alta Guajira. The Wayúu people's beliefs and cultural practices around death are so important, that the Government now allows them to bury their dead underground or in a vault.

> "The cremation of bodies is equivalent to murdering a dead person," explained Dianely Cambar, a traditional doctor from the Alamalu, a community of Wayúu people in Siapana village.

The decision was made before COVID-19 reached the rural communities of Alta Guajira, who live in a vast desert of 8,200 square kilometres in 22,000 scattered hamlets. The population can only be reached by travelling 155 kilometres of unpredictable sand trails. Other indigenous groups live even farther away.

The Government took the decision to isolate the entire geographical region to protect the people, which of course raised its own problems, exacerbating the challenges the Wayúu already face.

With travel restricted and isolation measures in place, Colombia's tourism industry has suffered. It is a vital source of revenue for many, including the Wayúu, who rely on sales of handicrafts for much of their income.

Meanwhile, the droughts that plagued the territory have dried up several sources of drinking water, and because of high tides, there had been less opportunities to fish. People are hungry, thirsty and short of funds.

Following Government instructions to protect themselves against COVID-19 is really hard for people living in Alta Guajira. Moreover, with temperatures at over 40 degrees Celsius, wearing masks, which are already scarce, is uncomfortable. There is not enough fresh water for people to wash their hands regularly and it takes one hour on foot to reach water sources.

The health conditions which have always affected them – such as malnutrition, acute diarrhoeal disease, tuberculosis, acute respiratory diseases and maternal and neonatal deaths – continue.

For the Government, finding a longer-term solution for protecting against COVID-19 and providing essential primary health care services to tackle existing health problems close to home is paramount.

COVID-19 in Colombia

The first case of COVID-19 arrived in Colombia on 6 March 2020. However, by February, the country had already started to strengthen its surveillance system and national network of laboratories. It also doubled its capacity to provide health services, getting more equipment into hospitals and enough qualified health personnel to meet the population's needs.

Without the participation of the general public in terms of hygiene and self-protection, it would be impossible to stop the spread of COVID-19, leading Colombia to quickly call on its citizens to take action. The first step was a mandatory mass quarantine to reduce contagion, followed by a flexible quarantine phase with gradual de-staging, and this helped to mitigate the social and economic effects caused by the pandemic.

> The technical support of PAHO/WHO is much needed, especially as PAHO/WHO already has experience and succeeded in other territories of indigenous populations. Undoubtedly, the most important thing is to contribute to the achievement of health and well-being so as not to leave anyone behind during and after the pandemic.
>
> Nemesio Roys, Governor of La Guajira.

Building stronger health systems with the people

The Government has also moved to strengthen the health system in some regions where it is fragile. The Guajira region is one. Political instability for over two decades here has also resulted in gaps and lagging investments in the health sector. However, the situation is beginning to change. The Government has been working to establish a foundation to implement projects in Guajira and provide more effective health services, which currently comprise one hospital, five health centres and four health posts, supported by just two ambulances. As authorities move to strengthen the health system, they also need to address the cultural traditions of the Wayúu people.

It was clear that the best way to reach the Wayúu people was through primary health care services, located close to home, that connect and appeal to their own culture. The department and the local health authorities agreed to promote primary health care adapted to the characteristics of the territory and the current situation, and with the effective participation of the community. Along with better infrastructure, equipment and medicines, there is a call for trained health personnel with deep personal knowledge of the local Wayuunaiki language and cultural practices.

A nurse attends to a young patient at the ESE Hospital de Nazareth in Alta Guajira, Colombia. ©PAHO/WHO/Karen González Abril.

©PAHO/WHO/Karen González Abril. Photo taken in July 2020.

Implementing an intercultural health model

The Pan American Health Organization (PAHO)/WHO has supported local authorities to implement an “intercultural” health model with the Wayúu people. PAHO/WHO signed an agreement with the Public Hospital de Nazareth, an organization which provides comprehensive and quality health services in Alta Guajira, and has provided funding for the project.

This initiative is supported by the UHC Partnership, which assists 115 countries and areas in accelerating progress to achieve universal health coverage (UHC) through funding provided by the European Union (EU), Grand Duchy of Luxembourg, Irish Aid, Government of Japan, French Ministry for Europe and Foreign Affairs, UK Department for International Development and Belgium.

The 16 community health workers are indigenous and immersed in the Wayúunaiki culture and way of life. They have been well-trained and equipped with basic tools to identify health risks and refer people to appropriate services. They also develop educational health plans with individuals, families and groups according to the customs of the community. Radio communication services have been developed to support the community health workers, as mobile phone reception is very poor in the area.

In COVID-19, as in any disease outbreak, risk communication is vital. All the health workers and other community leaders have been trained in risk communication through workshops, and have subsequently informed their communities about the different aspects of COVID-19 and how to prevent its spread.

This was part of a larger campaign to disseminate key COVID-19 messages in the Wayúunaiki language, which was developed by the local authorities and supported by PAHO/WHO.

The indigenous health workers provide a vital link between the hospital, the health authorities and the community.

> “This institutional and community link will improve access to health services, continuity of comprehensive care, the modification of the determinants of health, and the surveillance of public health events. Particularly, it will support the emergency response to and prevention of COVID-19 in these rural communities of Alta Guajira,” said Claudia Henríquez, Secretary of Ethnic Affairs of the Government of La Guajira, and one of the founders of the project.

Wayúu woman and girl in Alta Guajira, Colombia. ©PAHO/WHO/Karen González Abril

Leaving no one behind

Colombia is demonstrating how national commitment and international cooperation for UHC reaches people in the most remote and vulnerable communities. The Wayúu people are physically and geographically isolated from the rest of Colombia as the pandemic spreads through the country, but they are not left behind in efforts to deliver health for all.

Related WHO work: Building sustainable preparedness

Colombia has a health emergency preparedness programme in place with full time staff and a specific budget to implement disaster preparedness and response plans. The country does simulation exercises routinely according to their preparedness plans.

PAHO/WHO will continue to work with Colombia in strengthening longer-term health emergency preparedness beyond COVID-19. Health security preparedness requires a robust cross-sectoral engagement and collaboration, and PAHO/WHO will continue to help address multisectoral preparedness coordination. This will support Colombia to develop and maintain sustainable capacities to prevent, detect and respond to future outbreaks, epidemics and pandemics.

> With this project we want to strengthen the capacities of the basic health teams by incorporating 16 community health workers of the Wayúu indigenous people, who in their communities, must carry out community epidemiological surveillance, promote healthy lifestyles, monitor chronic diseases, assist pregnant women and children under 5 years of age and support risk management to prevent communicable diseases.
>
> Dr Gina Tambini, PAHO/WHO Representative in Colombia.

World Health Organization

60 SEC SUMMARY

COLOMBIA

FACT

During COVID-19, the Government of Colombia is using primary health care as one of the best strategies to both save lives and protect the customs and traditions of the Wayúu people who live in the remote Alta Guajira desert.

WHY IT MATTERS

In the spirit of the Sustainable Development Goals and universal health coverage, all countries should strive to ‘leave no one behind’ in health care and in responding to COVID-19. Reaching groups like the Wayúu is crucial.

EXPECTED IMPACT

The Wayúu people are able to access primary health care services and have the information they need to protect themselves and others against COVID-19 in ways that are aligned with their culture.

IN PRACTICE

PAHO/WHO has supported and financed Alta Guajira health authorities to implement an intercultural health model with 16 indigenous community health workers who carry out surveillance and other essential health services.

Dominica's community health workers lead the fight against COVID-19

This is a developing story that is updated as information from the field becomes available. Please check back regularly for updates: **uhcpartnership.net/story-dominica**

Community health workers are at the heart of the COVID-19 response in Dominica's Roseau Health District. Bringing health care closer to the community through primary health care and training the health workforce in people-centred care has so far proven to be the best protection against the pandemic. Learn how Dominica is strengthening its health system to respond to COVID-19 and provide health for all.

Donna Edwards is one of the community health workers (CHW) who have been instrumental in providing primary health care services to communities at risk of COVID-19 in Dominica's Roseau Health District.

The group of CHWs received initial training in people- and community-centred health care from September 2018 to March 2019, with the Community Health Aide Programme. This was part of a larger primary health care (PHC) and health systems strengthening programme supported by PAHO/WHO and funded by the UHC Partnership, one of WHO's largest initiatives on international cooperation for UHC.

On 30 January 2020, Tedros Adhanom Ghebreyesus, WHO Director-General, declared the COVID-19 outbreak "a public health emergency of international concern" under the International Health Regulations (IHR) (2005). Just over a month later, on 1 March 2020, the first cases of COVID-19 were recorded in the Caribbean. Dominica recorded its first case of COVID-19 on 24 March 2020. Dominica remains proactive in its public health response to prevent community transmission and CHWs are playing a key role.

Dominica has shown its commitment to the implementation, strengthening and capacity building of both its International Health Regulations (IHR 2005) and pandemic preparedness by completing the State Party Self-Assessment Annual Reporting Tool (SPAR) in 2018 and 2019. SPAR consists of 24 indicators needed to detect, assess, notify report and respond to public health risks of domestic and international concern, such as COVID-19.

> I decided to be trained to become a Community Health Aide because I have a love for my community and other communities. During the pandemic, we have been able to teach hand-washing techniques, proper wearing of masks and social distancing.
>
> Donna Edwards, community health worker (CHW)

Why do Community Health Workers matter?

The urgent need for community health workers (CHW) became clear in 2017, when hurricane Maria devasted the island of Dominica and inflicted major damage on the health system. Nurses left the island and the remaining health staff became overwhelmed. A thorough post-hurricane assessment of the health system and its needs was conducted by PAHO/WHO with the aim to strengthen and rebuild. The training of CHWs was one of the many recommendations, and the Community Health Aide programme was initiated with the support of the Ministry of Health, Wellness and New Health Investment of Dominica in partnership with PAHO /WHO and the UHC Partnership.

Dominica has a long history in primary health care, with a focus on providing local health and social services to communities based on their needs. The UHC Partnership has allowed Dominica to strengthen and intensify this approach, and implement important changes within the system that places primary health care at the centre of the country's drive to improve health and well being.

> CHWs represent an important health resource to the country at the time of this global pandemic and increasing demand to provide wide range of health services.
>
> PAHO/WHO Representative for Barbados and the Eastern Caribbean Countries, Dr Yitades Gebre

The UHC Partnership works in 115 countries and areas in accelerating progress to achieve universal health coverage (UHC) through funding provided by the European Union (EU), Grand Duchy of Luxembourg, Irish Aid, Government of Japan, French Ministry for Europe and Foreign Affairs, UK Department for International Development and Belgium.

When COVID-19 struck in early 2020, CHWs were recognized for their important role in the national emergency response and in delivering essential health services to the community. The Minister of Health, Wellness and New Health Investment, Dr Irving McIntyre, acknowledged the invaluable role of the CHWs at the first level of care in Dominica.

> "The training received during the Community Health Aide Programme proved adequate and instrumental in Dominica's response to COVID-19. The CHWs played a significant role in contact tracing," said Dr Irving McIntyre, Minister of Health, Wellness and New Health Investment.

The assistance provided by the UHC Partnership came just in time to help Dominica strengthen its health system and make it more resilient. In addition to the training of CHWs, the assistance provided will continue to develop policies to strengthen human resources for health, PHC, health systems governance and the prevention and control of non-communicable diseases.

Donna Edwards, community health worker (CHW).
©Ministry of Health, Wellness and New Investment, Dominica.

PAHO/WHO ECC Office presented Dominica with a vehicle to support its COVID-19 surveillance program. ©Ministry of Health Wellness and New Investment, Dominica

Health workers facing COVID-19 with confidence

Dominica was among the first countries to introduce CHWs in the late 1970s as part of the Alma Ata declaration, but in recent years, there has been an attrition of health workers, including CHWs. The re-introduction of the CHW training programme in 2018 as a part of a comprehensive health systems strengthening initiative was timely, and the 27 graduates of the programme have now become invaluable in the fight against COVID-19 in Dominica.

The trained CHWs has are now confident health professionals capable of flexibility during a health emergency. Living within the communities they serve make the CHWs effective in engendering trust and communicating critical COVID-19 health information. Their added skillsets as CHWs helped enhance contact tracing and testing services in the communities and helped increase compliance with quarantine and other public health measures.

Mrs Terrillia Ravaliere, Principal Nursing Officer with the Ministry of Health, who managed the training of the CHWs, described the programme as one which produced graduates that are making a significant transformation in the health care system, particularly in primary health care services.

> “They are using their initiative and volunteer willingly, so they are heavily utilized at the quarantine facilities, assisting with community testing and contact tracing. I would really like to commend them for their effort during this time. This is just the beginning of their contribution to the health care system in Dominica and I really wish them all the best. I also wish to thank PAHO/WHO for their remarkable technical and financial support,” said Nurse Terrillia Ravaliere.

> “As it relates to the COVID-19 pandemic, the Community Health Aides’ contribution has been excellent, and they could not have come at a better time: it was a time when our nursing staff was stretched. The Community Health Aides are assisting with community education, contact tracing and our educational sessions on social distancing and hand hygiene. They go to the homes of persons in quarantine to take their temperatures and make sure they maintain the quarantine – they are very efficient. Having a male Community Health Aide has encouraged more males to access health services,” said Eva Vigiland, Community Health Nurse.

The strengthening of the Dominica’s health system with the training of CHWs has proven so beneficial that a second CHWs training programme began in October 2020, again with the support of UHC Partnership and PAHO/WHO.

In view of the ongoing pandemic, we saw it necessary to train a second cohort, which was possible thanks to the support provided by the UHC Partnership,

Dr Irving McIntyre, Minister of Health, Wellness and New Health Investment.

Community health workers working with pride

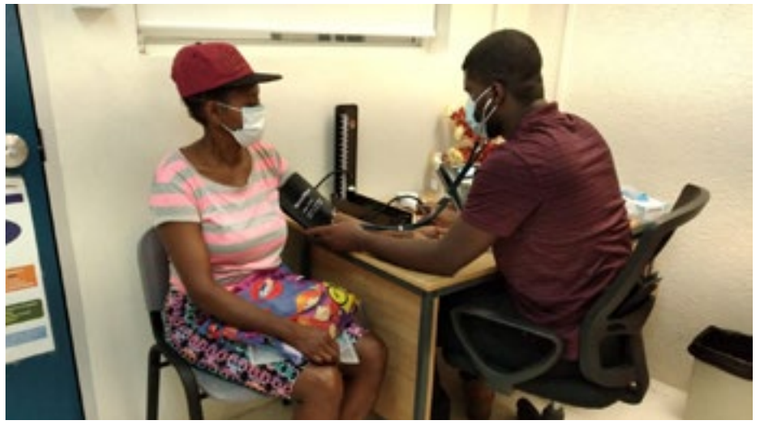
The CHWs, who normally work from health centres based within the communities in which they live, provide outreach health services as part of a health team. They visit homes of elderly, people in confinement for physical or mental illness, and others in need of health care in hard-to-reach areas of Dominica. This experience in community-based care at the household level has equipped them to fight against COVID-19. Like all health workers on the front line, the CHWs are taking personal risks to provide crucial health services during this pandemic—a role they proudly accepted—and volunteering their services beyond the call of duty.

> “The UHC Partnership gave me the opportunity to bring health education to the community. When the first case of COVID-19 came to Dominica, schools were still open and we had to go into schools to speak to the Grade 6 pupils. We also went into the community, to the bars, restaurants, shops, to inform people about what they are supposed to do, the protocols and hygiene practices. There is a need for us Community Health Aides as we are frontline agents and there is definitely a need for more of us,” said Paulette Joseph-St Ville, Community Health Aide.

> “My motivation for becoming a Community Health Aide is my mother, the Community Health Nurse for the La Plaine District. I have not regretted one minute of this opportunity. During the COVID-19 pandemic, there was one instance when I went with the group to do contact tracing. I was a bit skeptical but at the end of the day I had at the back of my mind, I am helping people who helped me. It is a cycle, so I have to put my best foot forward and I want to help the doctors and the nurses. I was with them when we did rapid testing. It was a bit sad because those being tested were scared, but my approach is to crack a joke and let them see we are handling it and there is a light at the end of the tunnel,” said Kireem Vigilant, Community Health Aide.

The importance of primary health care

The COVID-19 pandemic has put a strain on Dominica’s already fragile health system, but by revitalizing a primary health care approach and providing support to other health workers through CHWs, the country is in a better position to respond to the crisis. A strong and resilient health system is essential for effective public health measures of testing, tracing, isolating and treating persons with COVID-19 to slow the spread and prevent community transmission. So far, Dominica has managed to prevent community transmission through its effective public health measures, including the actions and support of the CHWs who continue to be at the heart of the COVID-19 response.



Kiereem Vigilan. ©Ministry of Health, Wellness and New Investment, Dominica.

World Health Organization

60 SEC SUMMARY

DOMINICA

FACT

Dominica’s health workforce has been overwhelmed due to staff shortages, increased demand post-hurricane Maria and the COVID-19 pandemic. So investing in community health workers is vital to strengthen the health system, provide essential health services and respond to COVID-19.

WHY IT MATTERS

Training community health workers helps bridge the gap in human resources for health. It increases the capacity to provide essential primary health care services and respond flexibly to community needs during the COVID-19 pandemic.

EXPECTED IMPACT

Thanks to community health workers, people are better educated and empowered to care for aspects of their own health, adhere to public health messages, protect themselves against COVID-19 and help to prevent its spread. This saves lives.

IN PRACTICE

Under the UHC Partnership, a cadre of community health workers received training in integrated people-centred care to provide essential PHC services. They have now adapted to provide COVID-19 education, quarantine, test and trace services.

This is a developing story that is updated as information from the field becomes available. Please check back regularly for updates: **uhcpartnership.net/story-ethiopia**

Ethiopia prepared its health workforce for the COVID-19 Response

Health workers are vital to the global response to COVID-19. With resources stretched to the limit and health systems under immense pressure, countries need more health workers on the ground to tackle the pandemic while continuing to provide other essential health services. Ethiopia has been preparing its health workforce to respond to COVID-19, build a resilient health system and move a step closer towards health for all.

In a busy intensive care unit in Eka Kotebe General Hospital, Addis Ababa, Dr Samuel Getnet, 28, a newly-recruited young and energetic physician anxiously monitors the mechanical ventilators, an indispensable form of life support for COVID-19 patients with respiratory distress.

> “I never thought my professional journey would bring me to the place where I'm today—at the center of COVID-19 pandemic management team—treating and caring for the most severely ill patients who critically need my support and care. Despite the challenges and risks, I am grateful for the opportunity to serve my people at this critical time,” he said.

Dr Getnet is a general practitioner who came on board as part of the surge capacity planning for human resources announced by the Ethiopian Ministry of Health in February 2020. He did not have any prior skill and knowledge on COVID-19 prevention and management practices. Before starting his duty in the intensive care unit, he received in-person training from the World Health Organization (WHO), with practical sessions taking place in the hospital. The topics he covered include case management, use of personal protective equipment (PPE), infection prevention and control (IPC), and the application and use of mechanical ventilation. He also benefited from online WHO resources such as Open WHO.org.

Since the beginning of the pandemic, WHO, through the UHC Partnership, has been supporting the Government and Ministry of Health to increase the number of health workers and improve their skills in order to provide emergency care for COVID-19 patients, prevent new infections and maintain essential health services. This work builds on the existing Ethiopian health workforce extension programme, the community health programme and other strategic investments already made to strengthen the health system.

Preparing the health workforce for action

With COVID-19 spreading across the country, Ethiopia knew that one of its best defences was to prepare the health workforce. Health workers perform many vital roles in both normal times and in times of crisis. The Government knew that in order to both treat COVID-19 patients and maintain essential services, more health workers were needed.

> “I would like to acknowledge the critical role played by our health workers in the COVID-19 response in Ethiopia. Without their commitment and support, we would not have been able to wage a strong national response to COVID-19.” said H.E. Dr Dereje Duguma, State Minister of Health, Ethiopia.

> Globally and in Ethiopia, health workers have been the heart and soul of the COVID-19 response. WHO has been working closely with the Federal Ministry of Health and the Regional States by supporting the regional health bureaus to build capacity, train and protect front-line health workers.
>
> Dr Boureima Hama Sambo, WHO Representative in Ethiopia.

Hospital staff at Zewditu Memorial Hospital. ©WHO / Colin Cosie.

WHO representative Dr Boureima Sambo visiting the Benishangul regional COVID-19 lab in Assosa with the country office COVID-19 Incident Management Team. ©WHO/Loza Tesfaye.

Preparing the health workforce for action

With COVID-19 spreading across the country, Ethiopia knew that one of its best defences was to prepare the health workforce. Health workers perform many vital roles in both normal times and in times of crisis. The Government knew that in order to both treat COVID-19 patients and maintain essential services, more health workers were needed.

Emergency COVID-19 response

The first case of COVID-19 was detected in Ethiopia on 13 March 2020. As of 26 October 2020, Ethiopia has identified 93,707 cases and had 1,437 deaths. The Government took steps to mitigate the spread of the virus, including the establishment of an emergency operations centre and an appointment of a national incident manager. Schools were closed and a state of emergency was declared with a series of measures including closure of places of worship, prohibition of mass gatherings, closure of borders and limiting flights.

> I would like to acknowledge the critical role played by our health workers in the COVID-19 response in Ethiopia. Without their commitment and support, we would not have been able to wage a strong national response to COVID-19. Yet again, this pandemic has shown us that there is no health and security without health workers. As they work tirelessly to protect us, we must do all within our means to appreciate and protect them. I am thankful to WHO for their continued help and support.
>
> H.E. Dr Dereje Duguma, State Minister of Health, Ethiopia.

A national committee led by the Prime Minister was established to lead and provide high-level guidance and mobilize resources. A Disaster and Risk Management Council led by the Deputy Prime Minister was also established to oversee the overall response. A multi-sectoral Public Health Emergency Management task force led by Minister of Health and a Technical Task force led by the Director General of the Ethiopian Public health Institution were likewise established and activated. In both taskforces, WHO has coordinated other partners and has been actively involved in planning, implementing and monitoring the national emergency response.

The Government has taken commendable actions to ensure adequate quarantine, isolation and treatment facilities and also laboratory capacities for COVID-19 testing, screening and emergency operation centres. Case management, IPC protocols and guidance were also developed and disseminated to the isolation and treatment centers in Addis Ababa and the regions. All these are vital aspects of the response. However, also critical is the role of health workers and WHO has supported the Government to increase the capacity of the health workforce to deal with the crisis.

More health care workers are needed for the national response

The need to both respond to COVID-19 and continue to provide other essential health services ultimately requires more health workers on the ground. However, Ethiopia is one of the 57 countries in the world with a chronic shortage of health workers. To help urgently address this, WHO's support to Ethiopia has been largely focused on helping the Human Resources for Health Directorate of the Ministry of Health and the Ethiopian Public Health Institution to forecast needs, map, recruit, train and deploy health workers in response to the pandemic.

WHO initially provided support in estimating the health workforce necessary for acute and intensive care over the course of the pandemic. An Excel-based simulation tool was used to provide a quick but reliable evidence-based estimation of the impact of COVID-19 in a country. The tool gives estimates on the results of the infection such as the numbers of people who are at risk of infection, exposed to the infection, actually infected with the virus, in need of hospitalization, killed by, or recovered from the infection. It provides information on the requirements and preparations to respond to the disease, such as PPE kits, ventilators, and other materials, and also estimates the number of health workers needed to respond to the pandemic.

Using results from the simulation tool, the Government then made plans to recruit 45,000 health care providers of different professional categories in addition to the 104,506 health professionals currently working in the health system.

Recognizing the potential burnout of the existing health workforce and the need to maintain essential services, fresh recruitment has focused on volunteers, retirees and unemployed health workers. So far, 23,387 health workers have been deployed at different case treatment and isolation centers. Of these, around6,000 are specialists and general practitioners, 10,000are mid-level health workers and almost 7,000 are lower-level health professionals, including health extension workers.

> Getting our health workforce ready was one of the most important steps in the COVID-19 response. We had to make sure that our health workers were not only available but also prepared and felt sufficiently safe to serve at the frontlines of the pandemic response.
>
> Assegid Samuel, Director, Human Resource for Health Directorate, Ministry of Health.

A pharmacist gives information to a patient as she dispenses his medicines at a pharmacy at Zewditu Memorial Hospital. ©WHO/Colin Cosier.

Health workers matter

WHO has been working closely with the Ministry of Health and the Regional Health Bureau to ensure availability and access to health workers not only for COVID-19 related care but also the maintenance of essential health services.

Following the initial cases of COVID-19, there was a drop in the utilization of essential health services. For example, in May, the average national uptake of monthly antenatal care (ANC4) declined by 6% compared with the previous nine months. To provide practical guidance to reorganize and safely maintain access to quality, essential health services at national, regional and local levels, WHO assisted the Ministry of Health to develop and roll-out its Implementation Guide for non-COVID-19 essential health services in Ethiopia. This was done with support from the UHC Partnership, one of WHO's largest initiatives for universal health coverage (UHC). The Partnership works in 115 countries and areas in accelerating progress to achieve universal health coverage (UHC) through funding provided by the European Union (EU), Grand Duchy of Luxembourg, Irish Aid, Government of Japan, French Ministry for Europe and Foreign Affairs, UK Department for International Development and Belgium.

To boost the motivation of health workers and improve their working environment, the Ministry of Health has put in place other measures for which WHO has provided technical support. These include a life and health insurance scheme, preparation of a special allowance for health workers, extra funding to high-load hospitals, guidelines and protocols for isolation, quarantine and treatment of health workers. The Ministry also designated more than 1,750 quarantine, treatment and residency beds in and outside of hospitals and put in place administrative and engineering controls to manage hospital traffic and overcrowding to protect health workers, patients and the community at large.

The Government also knew that health extension workers are crucial to liaise with the community and promote good practices to dispel myths and reduce the spread of COVID-19. WHO supported the Government to train and support heath extension workers who work on primary care at local health posts throughout the country.

Damu Bushra, 30, is a female health extension worker in Oromia Region in a rural woreda or district. She received training from WHO on community engagement, IPC and water, sanitation and hygiene. Early in the pandemic, people in her local village would stigmatize someone who wore a mask by shouting "Corona, corona!" and many did not believe the virus actually existed. Damu worked closely with community leaders, carried out household visits and provided training to 59 women in a 'development army' to raise awareness about COVID-19, how to maintain social distancing and use good hygiene practices.

From doctors in intensive care units, to community extension workers at the local level, health workers are performing invaluable roles to respond to COVID-19 and maintain essential health services.

> Globally and in Ethiopia, health workers have been the heart and soul of the COVID-19 response. WHO has been working closely with the Federal Ministry of Health and the Regional States by supporting the regional health bureaus to build capacity, train and protect front-line health workers who are working tirelessly and even by putting their lives at risk in the war against COVID-19, not to forget those who work tirelessly from home to support the ongoing emergency response operations. We value and appreciate the sacrifices our health heroes.
>
> Dr Boureima Hama Sambo, WHO Representative in Ethiopia.

WHO handwashing stations used at the first COVID-19 treatment facility in Addis Ababa. ©WHO/Alemtsehay.

Hygiene and safety

WHO has been supporting frontline health workers to increase their capacity to respond rapidly and efficiently to COVID-19, while also protecting their own health.

WHO has played a critical role in Ethiopia in providing technical support for updating IPC measures including water and sanitation guidelines, a risk assessments checklist and guidance for detention centres and sporting events.

In order to maintain hygiene and safety in the workplace, more than 11,000 health care providers have been trained on IPC, case management and good practice in intensive care units. With the safety of health workers and patients an ongoing concern, a National Comprehensive COVID-19 Management Handbook was also prepared and distributed to health facilities to help manage exposure of health workers and ensure occupational safety.

WHO facilitated health care workers' training in Dire Dawa to improve compliance to the IPC guidelines and minimize health care worker infections. A joint technical team (WHO and the Regional Health Team) was also deployed to conduct IPC assessments at Woliyta (Otona) hospital, after 50 health workers became infected in the facility. In the major transport corridors of Amhara and Afar, WHO also supported the training of health workers on IPC, water and sanitation, surveillance and implementation of essential health services. In collaboration with Ethiopian Red Cross Society, an additional 70 volunteers were trained and a community-based strategic activity plan was developed to enhance interventions.

No health without health workers

Health workers perform a fundamental role in ensuring that the population can access the health services they need during emergencies and in normal times. They help build healthier and safer communities by keeping people aware and engaged in their health issues. The COVID-19 crisis sends a strong message that resilient health systems can only be achieved with a strong health workforce. Protecting everyone requires urgently addressing health worker shortages, investing in their capacity building and ensuring that their work environments enable them to serve in the best way they can.

World Health Organization

60 SEC SUMMARY

ETHIOPIA

FACT

Ethiopia has increased its health workforce by recruiting 23,387 additional health workers to respond to the COVID-19 crisis and to ensure that essential health services are continued. It has also provided training to health workers to ensure safe and hygienic practices in all health settings.

WHY IT MATTERS

A solid response to COVID-19 depends on there being enough health workers at all levels, especially at community level, to ensure that people are optimally aware and protected against the virus and that they continue to access other essential health services.

EXPECTED IMPACT

Health services are available to all people nationwide, including in the rural areas, for both COVID-19 prevention and treatment and other essential health services.

IN PRACTICE

WHO has provided robust coordination and valuable technical support to assess and address additional health workforce requirements, and continues to provide strategic assistance for Ethiopia's national response to COVID-19.

This is a developing story that is updated as information from the field becomes available. Please check back regularly for updates: **uhcpartnership.net/story-georgia/**

Georgia's experience during COVID-19 will inform its future primary health care approaches

As Georgia tackles a surge in COVID-19, it is taking a forward-looking approach, setting a strong foundation for primary health care that both supports the pandemic response and makes health services more accessible to communities. How can this transformation ensure that now and in the future, no one is left behind?

UNICEF provided essential hygiene to families living in the borderline villages. © UNICEF/GEO-2020/BLAGONRAVOVA

©UNICEF/GEO-2020/Jibuti

Dr Irina Karosanidze, a primary health care (PHC) doctor in Georgia has long worked to shape the direction of PHC reform in the country to make health services more accessible and responsive to the needs of the population. Recently, she has been on the frontlines of a dramatic transformation in PHC delivery in Georgia; one that will hopefully have a lasting and positive impact on the lives of everyone, everywhere in the country.

> "It is a question of people being able to access health services and receive health care advice when and where they need it. With the rapid acceleration of digital health services due to the pandemic, that can even be at home," said Irina who is working closely with the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs to adapt PHC services to meet the demands of a global pandemic.

Thanks to leaders like Irina, new protocols were rapidly developed and revised, and PHC providers across the country were trained in managing mild COVID-19 infections remotely. They also learned to remotely manage patients who had been discharged from the hospital after acute infection of COVID-19.

> It is essential to ensure that WHO technical support is tailored to the needs of the country and appropriately adapts evidence-informed practices to the realities of the environment and the needs of the population.
>
> Dr Silviu Domente, WHO Representative in Georgia.

Why is PHC important in Georgia?
Before COVID-19 struck, the Ministry was already committed to increasing the efficiency of health service delivery in Georgia and advancing universal health coverage (UHC) through strengthening the PHC system and integrating priority services. The population's health needs were becoming increasingly complex due to the growing burden of noncommunicable diseases (NCDs) such as diabetes, cancer, heart and lung diseases. NCDs are estimated to account for a staggering 94% of all deaths in Georgia; equivalent to more than 50,000 deaths annually. It has become clear that reforms are needed at the PHC level to enable transition from a fragmented disease-centred approach to one that is more holistic, integrated and people-centred.

In November 2019, a WHO mission conducted through the UHC Partnership reviewed the Ministry's PHC reform plans. It recommended revising the scope of services to include more preventive, people-centred services, expanding the scope of practice of nurses, and redefining the role of specialists in the PHC setting. The review found that lack of performance monitoring and misaligned payment incentives undermined the system's overall potential. In addition, high out-of-pocket payments for medicines disproportionately affected the poorest people in the population leading to increased poverty and sometimes catastrophic spending on health.

> “ Primary Health Care is a top priority for the government, COVID-19 has presented many challenges, but it has also offered opportunities to invest in rural infrastructure and telemedicine equipment and to build well-established systems for improved communication," said First Deputy Minister Dr Tamar Gabunia

In early 2020, the Ministry asked WHO to provide technical support to revise the PHC benefits package and payment model. This would help increase access to evidence-based prevention and treatment services and support the integration of health programmes to strengthen the PHC system. Then, COVID-19 struck.

While Georgia initially experienced low rates of COVID-19 infection, cases rose dramatically throughout the last quarter of 2020. In early 2021 the country is facing a severe epidemic, with PHC called upon to serve a core role.

A PHC approach is also an essential foundation for health emergency and risk management, and for building community and resilience. Georgia has repeatedly demonstrated its commitment to strengthening pandemic preparedness and to detecting, and responding to public health risks.

Georgia has launched a strong response to COVID-19 but the pandemic has highlighted the need to accelerate progress to ensure that no one is left behind. Strong robust health systems, primary health care and accessible public health services are the best way we can deliver universal health coverage across the country. These strategies will build resilience against future health emergencies and help get essential services to people in need.

Dr Hans Henri P. Kluge, WHO Regional Director for Europe during a visit to Georgia in December 2020.

All the standard safety procedures are observed as children enter the Public School #4, Sagarejo, Georgia. ©UNICEF/GEO-2020/JIBUTI.

Capacity building to influence policy and practice

WHO, through the UHC Partnership, has supported the capacity building of organizations and individuals in Georgia to play a key role in shaping the strategic direction and implementation of PHC reforms and UHC.

> “It is essential to ensure that WHO technical support is tailored to the needs of the country and appropriately adapts evidence-informed practices to the realities of the environment and the needs of the population. In Georgia, this is achieved through active engagement with partners on the ground,” explains WHO Representative in Georgia Dr Silviu Domente.

Dr Irina Karosanidze is one of the experts contributing to PHC reform efforts in the country. With a massive increase in demand for services, she and the family health training centre she established in 2001 are key in helping to define how PHC can address COVID-19 while maintaining the delivery of essential health services. They are also contributing lessons learned which can be used to inform the long-term transformation in health care delivery for Georgia. Indeed, COVID-19 has focused attention on the importance of primary care and created an opportunity to advance care and increase access through accelerating the use of digital health services.

Georgia is among the 115 countries to which the UHC Partnership helps deliver WHO support and technical expertise in advancing UHC. The Partnership is funded by the European nion (EU), the Grand Duchy of Luxembourg, Irish Aid, the Government of Japan, the French Ministry for Europe and Foreign Affairs, the United Kingdom – Foreign, Commonwealth & Development Office and Belgium.

Why does primary health care matter during COVID-19?

The health care system of Georgia currently faces a dual challenge of responding to the immediate needs during the COVID-19 crisis while also safeguarding and strengthening essential lifesaving health services. Adhering to the principles of UHC means ensuring equity for all, and protection for the most vulnerable. PHC is the cornerstone of a sustainable health system for UHC.

> “Georgia has launched a strong response to COVID-19 but the pandemic has highlighted the need to accelerate progress to ensure that no one is left behind. Strong robust health systems, primary health care and accessible public health services are the best way we can deliver universal health coverage across the country. These strategies will build resilience against future health emergencies and help get essential services to people in need,” said Dr Hans Henri P. Kluge, WHO Regional Director for Europe during a visit to Georgia in December 2020.

Effective PHC is the most inclusive, effective and efficient approach to delivering health and enhancing people’s physical and mental health. But there is an urgent need to further develop and increase use of PHC services Georgia, at a time when many people fear using health services in person due to the perceived risks of COVID-19 infection.

So PHC practitioners are working hard to train health workers to address this challenge, and to reach people remotely with essential health services.

> “To ensure that people with chronic diseases continue to receive treatment, a telephone triage and consultation system has become an effective mechanism. Improving remote counselling skills resulted in significant reduction of unnecessary face-to-face visits and increased patient satisfaction,” said Irina.

The revised design of the PHC services envisions increased delivery of remote and digital services to improve access for rural populations, to ensure no one is left behind.

COVID-19 highlights that PHC-led approaches, including community-based strategies, contribute to more successful health responses. Strong trust in governments help generate more support for their strategies. Establishing and maintaining this trust requires transparency, use of evidence, and stakeholder engagement, especially with health service users and patient organizations.

WHO is promoting a two-phased strategy focused on supporting Georgia to first, maintain essential lifesaving health services, and second–with strong support from the UHC Partnership–to advance health systems recovery, preparedness and strengthening, with a focus on PHC and UHC.

> Access to quality health care is a concern the world over, and the European Union is proud to be working closely with WHO to develop this in 115 countries globally, including in Georgia. During the pandemic, our joint efforts here have focused on training and the roll-out of updated COVID-19 procedures, together with substantial material support, as part of the EU’s wider support to the country during these challenging times.
>
> Carl Hartzell, EU Ambassador to Georgia

Strengthening PHC with a long-term vision for UHC

COVID-19 has disrupted health systems, devastated communities and economies and continues to push countries to invest in health for all. Georgia is taking advantage of the opportunity to expand the benefit package of PHC services, strengthen capacities of the PHC teams, improve coordination of care and optimal use of diagnostic and specialized services. The country is aiming for every citizen to get the health services they need, with no one left behind.

Greater investment in rural infrastructure, telemedicine equipment and better communication systems is needed to reach populations currently not using PHC services. Strong community-based strategies, and engaging patients and organizations, will increase trust and use of the services available. For Georgia, these are crucial steps in tackling the pandemic and ultimately achieving UHC.

Demonstrating a new online platform. ©UNICEF/GEO-2021/Jibuti.

An online COVID-19 clinic. ©WHO/Vladimir Valishvili.

World Health Organization

60 SEC SUMMARY

GEORGIA

FACT

Through the experience of tackling the COVID-19 pandemic, Georgia is learning that greater investment in rural infrastructure, telemedicine equipment and better communication systems is needed to reach all populations.

WHY IT MATTERS

Georgia was already committed to advancing primary health care (PHC) but the country’s experience during COVID-19 has compelled the government to accelerated efforts to deliver accessible quality health services to all.

EXPECTED IMPACT

The revised design of PHC services envisions increased delivery of remote and digital services to improve access for rural populations, and ensure those services respond to people’s needs and leave no one behind.

IN PRACTICE

WHO, through the UHC Partnership, is supporting the capacity building of organizations and individuals in Georgia to play a key role in shaping the strategic direction and implementation of PHC reforms and universal health coverage.

This is a developing story that is updated as information from the field becomes available. Please check back regularly for updates: **uhcpartnership.net/india-assam**

India From governance to community surveillance: Assam's 360 degree COVID-19 response

The state of Assam in northeastern India is showing how primary health care not only makes health services accessible to communities: it is also an effective way to prepare for and tackle health emergencies. At the heart of Assam's response to COVID-19 are community health workers, locally known as COVID-19 warriors. They are leading surveillance efforts, enabling early detection, isolation and treatment and keeping the virus from spreading further.

©WHO / Tom Pietrasik

©WHO / Xenia Finnerty

Ms Suchitra Goala, 45, is a community health worker (CHW) in Karimganj District in Assam, a state in northeastern India. She is what is known locally as a 'COVID-19 warrior'. Since the pandemic took hold in March 2020, she has been supporting her local community in the COVID-19 emergency response. In India, CHWs are called accredited social health activist (ASHA), and they serve as the link between communities and health care facilities.

Testing, tracing and treatment through the increasing network of primary health care (PHC) centres are crucial to the national response to COVID-19. WHO, through the UHC Partnership, was already working closely with Assam State health authorities to strengthen PHC centres across the state when COVID-19 struck. The PHC network has provided a solid base, not only to make progress towards universal health coverage (UHC), but also to tackle the challenges that COVID-19 brings to communities.

> Being a community health worker and a COVID-19 warrior, I am so proud that I have been contributing in my best possible way to support my fellow villagers during the COVID-19 pandemic. It is so heartening to share that I could ensure the home quarantine of 45 people, who returned to my village from other states after the lockdown relaxed. I participated in the Assam Community Surveillance Programme when I visited house-to-house in my area as a part of active community surveillance,
>
> Ms Suchitra Goala, community health worker (CHW)

The State of Assam's response to COVID-19

Assam has population of 31.2 million people who live in 33 administrative districts. In response to the threat of COVID-19, the entire country entered into lockdown from 24 March to 17 May 2020. But when restrictions eased, many people who were staying in other states of India, including COVID-19 hotspot areas, returned to Assam. This contributed to the rise in COVID-19 cases in Assam.

Strong political and administrative commitment from the Honorable Chief Minister of Assam and Honorable Health Ministers coupled with the dedication of senior officers of health and allied departments, health staff and workers played a major role in fighting the COVID-19 pandemic with a united effort. A broad array of measures, including activating a strong PHC network, surveillance and strict quarantine procedures, have helped in the response to the pandemic. Effective case management contributed to encouraging recovery rates. As of 23 November 2020, the mortality rate from COVID-19 in Assam remains low at 0.46% with 98% recovery rate of cases.

©WHO / NOOR / Arko Datto

Community surveillance brings ‘assurance’

For one month, from 7 May 2020, the Government carried out the Assam Community Surveillance Plan—an intensive surveillance in all 28,000 of its villages—to look for people with symptoms of severe acute respiratory infections and influenza like illness, fever or any other disease. This approach was called “COVID-19 plus”. Community health workers or accredited social health activists visited door-to-door to list potential cases and link them with team members to conduct screening on the following day.

The response to this first phase was encouraging. With support from WHO, the State decided to carry out a second phase, calling it the Assam Targeted Surveillance Plan. It is more widely known by its tag name “NISCHAYATA” which means ‘assurance’. Under NISCHAYATA, intensive testing was carried out at potential hotspots, like market areas, interstate truck and bus terminals and parking lots.

Screening teams also randomly tested people who are at high risk of getting COVID-19 such as health workers, police, transport workers and hotel staff. This intensive testing approach was instrumental in identifying many COVID-19-positive patients, making timely treatment and isolating the patients possible. This also helped keep the virus from further spreading.

> “I consider myself blessed and privileged that during the COVID-19 pandemic, I could work closely with team members in carrying out multiple activities such as awareness generation, contact tracing, training and mentoring frontline workers under NISCHAYATA, and support the health and district administration of Karimganj district of Assam,” said Ms Bharati Bhowmik, 31, a COVID-19 warrior and district community mobilizer from Karimganj District, Assam.

Patients are grateful for the health care they have received through the local health system.

> “During my stay at the COVID-19 Care Centre, I was given the best care by the healthcare team, which touched my heart. Every day, a member of the team used to visit me few times to check on my health condition and suggested tips for my betterment. The stay and food for the entire duration was free of cost. The day-to-day counselling by staff of the COVID-19 Care Centre gave me much needed psychological strength, which acted as a catalyst in my recovery and helped me to come out from mental trauma caused by COVID-19,” said Mr Kisholay Das, 42. He works with the Urban Livelihoods Mission as State Officer in Guwahati.

> The high recovery rate of COVID-19 with 98% and low mortality rate of 0.46% (as of 23 November 2020) are testimony to the fact that Assam has been successfully managing the COVID-19 pandemic
>
> Dr Roderico H Ofrin, WHO Representative in India.

Flexible support to the COVID-19 response

WHO’s support to Assam, through the UHC Partnership, began in April 2019. This work is focused on supporting the implémentation of India’s ambitious Comprehensive Primary Health Care (CPHC) flagship programme to be rolled out through functioning Health and Wellness Centres, in order to achieve UHC. With COVID-19 emerging in March 2020, State authorities requested additional technical assistance for the COVID-19 response. With the flexible and bottom-up approach that underpins the work of the UHC Partnership, WHO was able to respond to the State’s needs.

> “WHO has been continuously extending technical assistance to roll out different health programmes in Assam to strengthen the health system and to realize the goals of UHC. Since the beginning of the COVID-19 pandemic, WHO has been supporting state in different health initiatives to deliver quality healthcare services. The timely support of WHO has proved highly useful for state,” said Dr Dipjyoti Deka, State Programme Manager, National Health Mission, Assam.

> “It is a privilege for WHO India to partner with the Assam Government in its endeavour towards UHC and facilitating the implementation of the programme, through functionalization of Health and Wellness Centres. It is indeed heartening to note the strong and proactive political commitment of the Government of Assam in the State’s COVID-19 response, with the Chief Minister of Assam and Health Minister leading by example and duly complimented by hard work of dedicated officers and health care providers at all levels,” said Dr Roderico H Ofrin, WHO Representative in India.

> “The high recovery rate of COVID-19 with 98% and low mortality rate of 0.46% (as of 23 November 2020) are testimony to the fact that Assam has been successfully managing the COVID-19 pandemic. Through strong collaborative approaches between the Department of Health and Family Welfare, Government of Assam and WHO, the UHC Partnership will go a long way, and the State will be able to set new benchmarks of quality for public health systems. WHO India is committed to extend technical support to the State in its best possible form to ensure better healthcare for the citizens,” Dr Ofrin added.

The UHC Partnership works in 115 countries to help governments accelerate progress towards UHC through funding from the European Union (EU), the Grand Duchy of Luxembourg, Irish Aid, the Government of Japan, the French Ministry for Europe and Foreign Affairs, the United Kingdom - Foreign, Commonwealth & Development Office and Belgium.

WHO participates in a range of Government committees, which oversee health policy and implementation matters in Assam. Some of the direct interventions include developing standard operating procedures and guidance on different initiatives as well as drafting technical briefs for both the state and national Government. WHO has also shared global and India-specific COVID-19 updates and useful information on appropriate tools and guidelines. Support for the training of ‘COVID-19 warriors’ who operate at the community level to enhance surveillance and case management was also provided. In addition, support was provided for the supervision and review of implementation processes, documentation of COVID-19 success stories from other states and countries for the purposes of learning and adapting to Assam’s context, and documentation of Assam’s COVID-19 management.

> “WHO has been actively supporting the implementation of the Comprehensive PHC programme through the functional Health and Wellness Centres with an aim to achieve UHC. During the COVID-19 pandemic, WHO has been supporting the State in the best possible way as a true partner,” said Dr Rahul Kumar Sarma, State Programme Officer (comprehensive PHC and non-ccommunicable diseases) National Health Mission, Assam.

World Health Organization

60 SEC SUMMARY

INDIA

FACT

In the state of Assam, multi-pronged approaches, including strict quarantine measures, surveillance and activating a strong primary health care (PHC) network, have proved successful in managing the COVID-19 pandemic.

WHY IT MATTERS

PHC, at all times, particularly in times of crisis, is a solid way to engage the community and provide the health care services that people need. It is a crucial step towards achieving universal health coverage (UHC) and ensuring health for all.

EXPECTED IMPACT

Thanks to strong community engagement and surveillance, and access to testing, tracing and treatment and health care services, COVID-19 is being kept under control in Assam.

IN PRACTICE

The National Health Mission of Assam has worked with WHO through the UHC Partnership to strengthen a network of PHC centres, and to ensure a flexible and responsive approach to tackling COVID-19.

This is a developing story that is updated as information from the field becomes available. Please check back regularly for updates: **uhcpartnership.net/story-iran/**

Islamic Republic of Iran tackles COVID-19 by enhancing primary health care.

As COVID-19 continues to spread across the Islamic Republic of Iran, effective primary health care is crucial in accelerating the national response. It makes health literacy and health services more accessible to households, supporting prevention, case detection and treatment right where communities need them. Learn how the Islamic Republic of Iran is taking action to better protect its population from COVID-19 and other health threats.

"Each home one health post" is an initiative that was launched in the Islamic Republic of Iran's primary health care (PHC) facilities well before COVID-19 struck the country. Bringing health and care directly to the home environment is at the heart of building healthy communities and populations. Indeed, in the era of COVID-19 and with the Islamic Republic of Iran stretching its capacity to contain the virus, the ethos and practice of the initiative has helped save many lives.

> "The initiative was originally aimed at systematically strengthening primary health care in terms of disease prevention and health promotion. Now, it has become vital to further expand primary health care capacity in the fight against the coronavirus. Early case detection, contact tracing and home isolation need practical knowledge, and this initiative directly helps families during the time of COVID-19. WHO is working with the government to roll out this programme for the whole country," said Dr Christoph Hamelmann, WHO Representative in the Islamic Republic of Iran.

Health at home

With all of the challenges the Islamic Republic of Iran and most countries face in addressing COVID-19, its response using a strong PHC approach is bringing services closer to communities and families, using locally-driven information, care and protection. The Islamic Republic of Iran's experience demonstrates that a well-functioning, resilient health system based on PHC is the bedrock for progress towards the interrelated goals of UHC and health security.

COVID-19 - a serious threat in the Islamic Republic of Iran

The Islamic Republic of Iran was one of the first countries in the world to experience a rapid progression of COVID-19, which then affected much of the country. Two initial cases were reported on 19 February 2020, both of which were fatal. The first peak came at the end of March, with around 3,200 confirmed cases a day, resulting in a very challenging situation for the population and authorities.

In addition to the burnout and fatigue experienced by the health workforce since the outbreak started, many have also been infected.

Similar to the experiences of other countries, the spread of the disease had serious implications to the health system. Although a strong PHC system was in place, the Islamic Republic of Iran lacked personal protective equipment as well as hospital and laboratory equipment as a result of the global supply shortage due to the rapid and high demand exacerbated by short delivery timeframes. Sanction-related restrictions on international transfer of payments in the Islamic Republic of Iran's banking system adds to this challenge.

The already fragile economic situation of the Islamic Republic of Iran directly affects the health sector and well-being of the population. This is now compounded by the impacts of COVID-19. The role of PHC is critical for early case detection, contact tracing, triage and referal to hospitals.

A unique heath system

The Islamic Republic of Iran's health system has a unique structure. Established after the 1979 revolution, it combines the mandates of the Ministry of Health and Medical Education, and also provides medical education, research and health policy under the same umbrella.

Before COVID-19, the Islamic Republic of Iran had developed a hospital emergency preparedness plan and strengthened its International Health Regulations core capacity for preparedness to respond to public health emergencies with a focus on laboratories, legislation and points of entry. This effort to strengthen emergency preparedness and health security helped lay the foundation for protecting the country from future health threats.

Across the Islamic Republic of Iran, more than 60 medical universities with a high level of specialist knowledge and expertise have provided a solid platform for building upon the concept of resilient health systems during the COVID-19 epidemic. The leadership of the Ministry of Health, in coordination with other national sectors and WHO, has also led to a "health in all policies" approach to policy implementation in the Islamic Republic of Iran.

A drugstore at Fasham Urban Comprehensive Health Center, Shemiranat District Tehran. August 2020. ©WHO Iran.

Using primary health care to respond to COVID-19

With a strong understanding of the vital role of communities and local engagement with health, the Islamic Republic of Iran designed its national COVID-19 response around its well-established PHC system.

The national flagship PHC programme in the Islamic Republic of Iran is called "Each home one health post'. It was initiated by the Minister of Health and started shortly before the COVID-19 pandemic. It is now being rolled out as a major component to raise population awareness on keeping safe from COVID-19 and to improve the population's access to services, with particular focus on people who are most at risk.

PHC performance is also being measured and analyzed to consistently improve outcomes by identifying strengths and addressing weaknesses as well as gaps.

> "The Primary Health Care Measurement and Improvement Programme" [an initiative of WHO] has helped us identify the PHC gaps for hand hygiene and professional management. In this regard, we have improved the WASH [water, sanitation and hygiene] related facilities from 50% to above 90% for the whole country. Additionally, the professional management trainings that we have conducted so far, have assisted our PHC facility managers to better combat the [COVID-19] crisis and better manage and strengthen their human resources " said Dr Jafar Sadegh Tabrizi, Director General for PHC Network Management at the Islamic Republic of Iran's Ministry of Health and Medical Education.

Dr Mohammad Bakhtiari, a researcher at the Parliamentary Research Centre in the Islamic Republic of Iran, believes that during emergencies, hospitals have always been considered as the first point of contact. He highlights the the role of PHC in health emergencies, especially during the COVID-19 outbreak, in helping to look after people who live close to the PHC facilities, which also reduces overcrowding in hospitals.

> I am very optimistic about the "Each home one health post" project. I think it can help the PHC facilities to be strengthened and play a key role in health emergencies and outbreak of diseases," he said.

Across the Islamic Republic of Iran, comprehensive health centres provide the first point of care for people. This PHC network in urban and rural areas has provided essential health services and a strong response to COVID-19 using triage to reduce the load and burden on hospitals. A self-assessment portal, a national mobilization campaign and hotline built on electronic-health records in the PHC system, are helping identify and trace suspected cases.

The PHC facilities own a complete registry including demographic records and disease histories of the citizens in their areas. This provides information on vulnerable groups, including people in age groups who risk developing moderate-to-severe COVID-19 symptoms and who may need hospital care. When a certain threshold of answers is reached, an automatic text message sends, inviting patients to get tested at their nearest PHC facility.

PHC staff follow up on suspected cases in the communities by phone on a routine basis, including the most vulnerable people. All PHC workers follow national protocols on home care, including midwives and community health workers who provide remote care and counselling to pregnant mothers.

Patients who physically visit the PHC centres for COVID-19 services are able to see a physician who advises on referral to hospital, medication or home isolation and care. Follow-up is also conducted by phone for patients who are not referred to hospitals in order to track their disease symptoms. As a result of implementing the initiative, hand-hygiene and waste disposal-related infrastructure has also improved.

Early case detection, contact tracing and home isolation need practical knowledge, and this initiative directly helps families during the time of COVID-19. WHO is working with the government to roll out this programme for the whole country.

Dr Christoph Hamelmann, WHO Representative in the Islamic Republic of Iran.

WHO support to strengthen primary health care

The UHC Partnership has been supporting the WHO country office in the Islamic Republic of Iran since early 2020 to build on or scale up ongoing priority activities that need more resources. It has assisted the Ministry of Health and Medical Education in piloting and scaling up a PHC measurement and improvement model, which identifies areas requiring support for a more efficient and effective response to COVID-19.

The UHC Partnership assists 115 countries and areas in accelerating progress to achieve universal health coverage (UHC) through funding provided by the European Union (EU), Grand Duchy of Luxembourg, Irish Aid, Government of Japan, French Ministry for Europe and Foreign Affairs, UK Department for International Development and Belgium.

PHC facilities have taken many steps to improve health literacy and health promotion by developing training packages, conducting virtual training and by engaging the public. One example is the "#we-will-overcome-corona" campaign, which enhances health literacy by helping people improve their hygiene and look out and react to signs and symptoms for early detection of COVID-19 and personal protection.

WHO has also supported the Islamic Republic of Iran in enhancing logistical capacities to distribute all required personal protective equipment, essential medications and supplies.

A nationwide satisfaction assessment approach generates feedback directly from patients via SMS after they receive care at PHC centre. This is expected to result in a better-informed, more patient-centred response to COVID-19.

The COVID-19 outbreak and current economic situation led the Ministry to increase the efficiency of the health system and to reduce costs and wastage. The UHC Partnership, in collaboration with Radboud University and the Medical Centre in the Netherlands, also carried out a consultation to use an evidence-based process to develop a "UHC health insurance benefit package" that would expand coverage and enhance the population's access to quality health care without leading them to experience financial hardship. This process is used for rational, transparent, and fair decisions on the public reimbursement of health interventions.

Female lab technicians working at Zanjan Urban Comprehensive Health Center, Zanjan Province, Iran. ©WHO Iran.

World Health Organization

60 SEC SUMMARY

ISLAMIC REPUBLIC OF IRAN

FACT

The Islamic Republic of Iran is responding to the COVID-19 crisis through strengthening PHC as a foundation of UHC. This is done through an initiative called "Each home one health post" which is striving to empower families and communities to protect their health.

WHY IT MATTERS

A strong network of PHC centres and community health workers serve as the first point of contact for communities, strengthening national efforts to prevent, detect and treat COVID-19.

EXPECTED IMPACT

Through the PHC initiative, the population can access information, treatment, care and follow-up on COVID-19. People better understand how to protect themselves and what to do if they feel ill, leading to a more effective emergency response.

IN PRACTICE

The Islamic Republic of Iran's Ministry of Health and Medical Education is working with WHO and other partners to assess, analyze and implement changes to strengthen the PHC system to better respond to COVID-19.

This is a developing story that is updated as information from the field becomes available. Please check back regularly for updates: **uhcpartnership.net/story-laos/**

Lao PDR's confident health workforce strengthens health system and COVID-19 response

Lao PDR is boosting the capacities of the people who protect the nation's health. A stronger health workforce is key to the country's response to COVID-19 and serves as the foundation of a resilient health system and universal health coverage.

> The UHC Partnership has provided vital support in enabling WHO to support Lao PDR's Ministry of Health to reform the health sector and make progress towards universal health coverage.
>
> Dr Mark Jacobs, WHO Representative to Lao PDR.

"When I got my licence, I felt confident in providing health services to the public and it also reminds me that I need to focus on providing good clinical care to patients," said Ms Bounmala Sorpaseut who had just received an official licence to practice from the Government of Lao PDR. She is currently Deputy Head of Nursing at the Children's Hospital in the country's capital, Vientiane.

"I will keep continuing to provide a good service and improve my professional career," she added.

The hospital where she works is state-owned and treats over 100,000 children each year. This is critical in a country where it is still quite common for children to die from preventable and treatable diseases, such as dengue fever, pneumonia, and diarrhoea. During the time of COVID-19, strong nursing skills and a competent health workforce are more important than ever before.

Health workers at this hospital, including doctors, nurses, midwives and dentists, are the first to be formally licensed by the Ministry of Health. The licensing scheme is part of a new government initiative to monitor and reinforce the skills of existing health workers and provide high quality education and training to the coming generations of health workers. With support from the UHC Partnership, WHO in Lao PDR has assisted the Ministry of Health's work in close collaboration with the country's Healthcare Professional Council, in this area.

The UHC Partnership, hosted by WHO, assists 115 countries and areas in accelerating progress to achieve universal health coverage (UHC) through funding provided by the European Union (EU), Grand Duchy of Luxembourg, Irish Aid, Government of Japan, French Ministry for Europe and Foreign Affairs, UK Department for International Development and Belgium.

The work in Laos started four years before the pandemic struck, but COVID-19 has highlighted just how vital it is that all health workers have the confidence and skills they need to protect and treat patients and to prevent and control infection.

"In the situation of COVID-19, nurses work as frontline workers. Therefore, nurses are required to have even more competence and a full set of skills to serve the people who come to use health care services," said Ms Phengdy Inthaphanith, Head of Nursing/Midwifery Board, Healthcare Professional Council.

The Children's Hospital provides a full range of services from primary care / family doctor consultations on minor illnesses, to pediatric surgery and intensive care. It also offers child-friendly dental services. ©WHO/Ben Duncan.

The Healthcare Professional Council work will contribute to fully support the education, training and continued professional development, with the aim of reaching the target of universal health coverage [...] Patients will benefit from improved quality and safety of services and competencies, based on trust and satisfaction.

Dr Ponmek Dalaloy, the Healthcare Professional Council President and former Minister of Health, Lao PDR.

Strengthening the regulatory system and medical education reform

Improving the quality and safety of healthcare services is a national priority, and the Government has made enormous efforts to strengthen the regulatory system for human resources for health. The goal is to make sure that all health workers are qualified to provide good quality and safe healthcare services, and through this, to build public trust in the country's health system.

As part of these efforts, the Government developed a Strategy on Healthcare Professional Licensing and Registration 2016-2020. This laid the path to introduce a licensing and registration system for health professionals, doctors, dentists, nurses and midwives. This regulatory scheme is also related to medical education reform as it introduces licensing examinations for graduates to get their initial license, mandatory clinical training as a requisite for full license and continuing professional development for re-licensing every five years. In addition, there are active discussions on improving overall pre-service and in-service trainings.

The Government established the Healthcare Professional Council in the Ministry of Health in February 2017 to implement the licensing and registration system. The Council is composed of three Boards: Medical, Dental and Nursing & Midwifery Boards. WHO supported the Medical Board to improve their capacity to introduce national licensing examinations, multiple-choice questions and Objective Structured Clinical Examination for medical doctors.

In June 2020, health professionals in the Children's Hospital, one of five central hospitals in Vientiane Capital, received the first licences issued by the Ministry of Health. The licences are not only a source of pride among staff members, they will also ensure the ongoing delivery of high-quality services to patients in health care settings.

> "The role of nurses is becoming more visible and important in the health system, particularly at health care facilities. Nurses are very proud to receive their licences, and their work is contributing to better quality health services," said Ms Phengdy Inthaphanith, Head of Nursing/Midwifery Board, Healthcare Professional Council.

The Healthcare Professional Council has played a key role in ensuring the implementation of this licensing scheme. The Council is now travelling to provinces to support licensing and registration of healthcare professionals in provincial and district health facilities.

COVID-19: LAO PDR - Intensive Care Unit (ICU) staff learn how to safely ventilate a patient with COVID-19 during a simulation training at Setthathirath Hospital. ©WHO/Blink Media - Bart Verweij.

COVID-19: LAO PDR - A nurse shows trainees how to use personal protective equipment (PPE) safely during a COVID-19 Intensive Care Unit (ICU) training at Setthathirath Hospital. ©WHO/Blink Media - Bart Verweij.

Human resources for health as a pillar of health sector reform

> “The UHC Partnership has provided vital support in enabling WHO to support Lao PDR’s Ministry of Health to reform the health sector and make progress towards universal health coverage (UHC),” said WHO Representative to Lao PDR, Dr Mark Jacobs. “The health workforce is the bedrock upon which any health system is built, so the Ministry’s work on human resources for health is of key importance. If it is to deliver good quality care for all, the Lao PDR health system needs to reinforce the skills of frontline staff,” he added.

Lao PDR has a strategic goal to achieve UHC by 2025 and strengthening human resources for health is one of the five pillars of its health sector reform, along with service delivery, financing, governance, management and coordination, and monitoring and evaluation.

The Ministry of Health has identified human resources for health as a key priority area, noting the importance of having a sufficient number of skilled professionals. This means monitoring and reinforcing the skills of existing health workers as well as providing high quality education and training to future health workers.

The work started with a WHO-supported mid-term review of progress in implementing the country‘s Health Personnel Development Strategy and development of a Regulatory Framework for the Registration and Licensing of Healthcare Professionals in close collaboration with development partners. Later, WHO provided support in improving the health sector’s human resources information system - the Health Personnel Information Management System. In 2020, through collaboration with the Ministry of Home Affairs, WHO supported the Ministry of Health to develop new guidelines for incentives for human resources for health as well as job descriptions for health workers. These aim to provide clear guidance on roles and responsibilities at each level of service delivery.

A major step towards health for all

At the end of November 2020, Lao PDR had so far escaped a severe impact of COVID-19, with a total of only 39 cases. The Government had responded to the pandemic effectively by making timely decisions to introduce and later ease public health and social measures. With support from WHO and other partners, the Government has also made great efforts to prepare the health system for early detection, testing and clinical management.

The urgent need to achieve UHC still remains however, and having a strong, well trained, motivated and confident health workforce, is key to achieving this.

The Children’s Hospital provides a full range of services from primary care / family doctor consultations on minor illnesses, to pediatric surgery and intensive care. It also offers child-friendly dental services. ©WHO/Ben Duncan.

COVID-19: LAO PDR - A portrait of Mr Kongmoune Sipaseuth during COVID-19 Intensive Care Unit (ICU) Training at Setthathirath Hospital.. ©WHO/Blink Media - Bart Verweij.

World Health Organization

60 SEC SUMMARY

LAO PDR

FACT

Lao PDR has introduced a system of licensing and registration to monitor and reinforce the skills of existing health workers and ensure high quality education and training for the coming generations of health workers.

WHY IT MATTERS

Strengthening human resources for health, as the backbone of the health system, is a key area for achieving universal health coverage (UHC). During the COVID-19 pandemic, highly-skilled health workers are more valuable than ever.

EXPECTED IMPACT

Health workers are qualified to provide good quality and safe health services, which also increases the public’s trust in the country’s health system.

IN PRACTICE

WHO, through the UHC Partnership, supported the Ministry of Health to reform the health sector and make progress towards UHC, with a focus on strengthening the regulatory system for human resources for health.

This is a developing story that is updated as information from the field becomes available. Please check back regularly for updates: **uhcpartnership.net/story-somalia/**

Somalia Health for all is answer to COVID-19 and future threats to health

Somalia's experience in addressing COVID-19 illustrates how investing in universal health coverage sets a strong foundation for heath emergency preparedness and response. The Government is working to ensure that people can access quality health care without experiencing financial hardship. Learn how Somalia is working to protect its population from COVID-19 and future health threats.

Every day, except Fridays, Beelo Botan and her team visit around 30 households in Howlwadaag village, Galkacyo, the third largest city in Somalia. They are among the many community rapid response teams set up by the Somali Government and WHO to help address COVID-19. They record and share health information, and are conscientious about wearing masks and washing their hands regularly while at work.

> "Most people in Galkacyo know who we are, so they alert us as soon as someone has symptoms of COVID-19 or even polio-like symptoms. If we find someone who has COVID-19 symptoms, we locate them immediately and give them a face mask to wear and request them to stay away from their family and friends. Then, we inform the district response teams, like the District Polio Officer and District Medical Officer, to verify the case and take further action. If this case is severe, and needs further support, we transfer them to the nearest health facility/isolation centre. But if the case is mild or a moderate suspected case, we collect a sample and send it to the laboratory, while requesting them to self-isolate until they receive their result," says Beelo.

> "I really enjoy my job because I am working for my community and my messages may have benefited many people, including those who had no idea how to keep safe from COVID-19," she added.

The first case of COVID-19 in Somalia was declared on 16 March 2020. By 9 November, Somalia had more than 4,200 cases and 107 deaths attributed to COVID-19.

The government had been making determined efforts to strengthen its health system, move towards universal health coverage (UHC) and strengthen preparedness through the development of a National Action Plan for Health Security. These efforts proved crucial when faced with the spread of COVID-19. WHO is working closely with the Somali Government to address the pandemic and deliver UHC.

Beelo Botan, a health worker, along with her community rapid response team, visits households in Galkacyo as part of their work to support the COVID-19 response in Somalia. ©WHO/Somalia.

©WHO/Somalia.

©WHO/Somalia.

Somalia's health challenges

Somalia, with a population of 15.4 million, is a low-income country. Its economy is dependent on imports and 70% of the population is engaged in pastoralism, agriculture and the charcoal business. Just three out of ten women and five out of ten men of working age are employed.

In terms of health, the main issues facing the population are communicable diseases and respiratory infections, and issues relating to maternal and child health-related morbidities and nutrition. Average life expectancy stands at 55.7 years and only 25% of Somali people have access to essential health services. According to the International Health Regulations index, only 6% of people in Somalia are protected from health emergencies and infectious hazards.

The vast majority of Somali people therefore struggle to keep safe and healthy.

Nevertheless, the government has worked hard to respond to the crisis. Efforts to enhance preparedness and commitment to UHC have contributed to building capacity.

Preparing for emergencies in the UHC Roadmap

UHC states that everyone, everywhere should have access to the full spectrum of health services including health promotion, prevention and treatment. The start of the year 2020 has underscored that no country is safe from COVID-19 and that emergency preparedness and a strong health system are key for any response.

In 2019, the government, with support from WHO through the UHC Partnership, developed a UHC Roadmap for 2019-2023. One of the key objectives is "Ensuring that all Somali people can access the health services they need – without facing financial hardship – is key to improving the well-being of Somali people." Somalia is benefitting from the important groundwork laid out in this roadmap, which included a strategy to prepare for responding to health emergencies in line with International Health Regulations (2005). The Ministry of Health, with WHO's support, used this strategy to respond practically to COVID-19 in areas such as surveillance and case investigation, case management,infection prevention and control including strengthening laboratory capacities.

The UHC Partnership assists 115 countries and areas in accelerating progress to achieve universal health coverage (UHC) through funding provided by the European Union (EU), Grand Duchy of Luxembourg, Irish Aid, Government of Japan, French Ministry for Europe and Foreign Affairs, UK Department for International Development and Belgium.

> "The Ministry is grateful for all the timely support from its partners in preparation for and to address the COVID-19 pandemic outbreak in the country. Although this has not been a unique challenge to Somalia only, it has definitely challenged our health systems and resources. Thanks to the strong collaboration of our international partners, World Bank Group, UN agencies, such as the WHO and all the humanitarian response efforts, we have been able to control its spread, raise awareness among the Somalis about it and provide essential care to the infected people. We are confident that through the UHC roadmap, we will be able to offer better health services to our people, and have a robust system in place to tackle future health emergencies," said Dr Fawziya Abikar Nur, Minister of Health and Human Services of the Federal Republic of Somalia.

By offering basic services in an equitable manner to all Somalis across the country, the Essential Package of Health Services will contribute to achieving universal health coverage, and will be a game-changer for the country. I personally feel that the roll out of the EPHS in Somalia is the answer to address inequity, inequality and accessibility of quality health services in the country for everyone, everywhere, leaving no one behind.

Dr Mamunur Malik, WHO Representative for Somalia.

Essential package of health services

Alongside the UHC Roadmap, WHO supported the Ministry of Health and Human Services of Somalia to conduct a review and revision of Somalia's Essential Package of Health Services in order to develop an improved service package so that all Somali people are able to access health care according to their needs anywhere in the country without any financial hardship. This includes a set of minimum health services for maternal, newborn and child health, communicable and non-communicable diseases, mental health, injuries and - critically - pandemic and emergency preparedness, among others.

The package is contextualized for Somali people, taking into consideration the population's health needs. It has been developed and costed using up-to-date information on the population's health, and social and demographic data of Somalia as well as after an in-depth analysis of the disease burden in the country.

"The Government, WHO and other partners are committed to working together to make this package affordable to all Somali communities. By offering basic services in an equitable manner to all Somalis across the country, the Essential Package of Health Services will contribute to achieving universal health coverage, and will be a game-changer for the country. I personally feel that the roll out of the EPHS in Somalia is the answer to address inequity, inequality and accessibility of quality health servicesin the country for everyone, everywhere, leaving no one behind," said Dr Mamunur Malik, WHO Representative for Somalia.

Development cooperation

Development partners are working together to support the government's response to COVID-19 and its delivery of essential health services to the population.

Contributions from WHO and the UHC Partnership have brought about a strong partnership between the EU delegation and WHO Somalia. This has evolved into a Bilateral Technical Coordination Mechanism for COVID-19 response, co-led by the EU Ambassador to Somalia and the WHO Representative to Somalia. Through this, WHO provides technical assistance and advice to EU-funded projects and activities, and risk communication and awareness-raising initiatives related to COVID-19, to ensure alignment with WHO guidance.

UHC now and for the future

Somalia is managing a strong response to COVID-19, with a UHC roadmap, an essential package of health services and international cooperation that supports the country's priorities. Investing in UHC is helping the country protect its population from COVID-19 and future health threats, but it is also ensuring that the foundation is built so that all Somali people will have access to comprehensive quality health care without experiencing financial hardship.

WHO Somalia has been a steadfast partner in responding to the COVID-19 pandemic in the country. The pandemic has highlighted the dire need for an effective primary health care system in Somalia. Together, the European Union and WHO will continue to cooperate in support of Somalia's middle and long-term health policies now and long after the COVID-19 pandemic is over.

EU Ambassador to Somalia, H.E. Nicolàs Berlanga Martínez.

©WHO/Somalia.

©WHO/Somalia.

World Health Organization

60 SEC SUMMARY

SOMALIA

FACT

In Somalia, a commitment and strategic approach to universal health coverage (UHC) has been the bedrock for a strong response to COVID-19. Its UHC Roadmap included a strategy to prepare for emergency response and recovery.

WHY IT MATTERS

Life expectancy in Somalia is very low, and only 25% of people have access to essential health services. A strong health system and achieving UHC can transform this situation, improving people's overall health and saving lives during emergencies.

EXPECTED IMPACT

Although Somalia is a low-income country, the Government prepared a robust response to COVID-19 to control its spread, raise people's awareness and provide essential care to infected people.

IN PRACTICE

WHO supported the government to develop a roadmap for UHC, and its emergency COVID-19 response with surveillance, case management, infection prevention and control, and strengthening laboratory capacities.

Acknowledgement

We would like to thank all colleagues in WHO 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

A health worker assists a mother to help facilitate successful breastfeeding at the ESE Hospital de Nazareth in Alta Guajira, Colombia. ©PAHO/WHO/Karen González Abril.

“

2020 has shown that governments must increase investment in public health, from funding access to COVID vaccines for all people, to making our systems better prepared to prevent and respond to the next, inevitable, pandemic.

At the heart of this is investing in universal health coverage to make health for all a reality.

Dr Tedros Adhanom Ghebreyesus, WHO Director-General

”

www.who.int

www.uhcpartnership.net

Email: jwt@who.int

World Health Organization

LUXEMBOURG AID & DEVELOPMENT

Irish Aid
An Roinn Gnóthaí Eachtracha agus Trádála
Department of Foreign Affairs and Trade

MINISTÈRE DE L'EUROPE ET DES AFFAIRES ÉTRANGÈRES
Liberté
Égalité
Fraternité

Foreign, Commonwealth & Development Office

Belgium
partner in development

Powered by the Joint working team for UHC & PHC

#UHCPartnership

PRIMARY HEALTH CARE