



CATALYSE  
Covid 19 and West and Central African Health Systems  
Covid 19 et les systèmes de santé d'Afrique de l'Ouest et du Centre



Canada

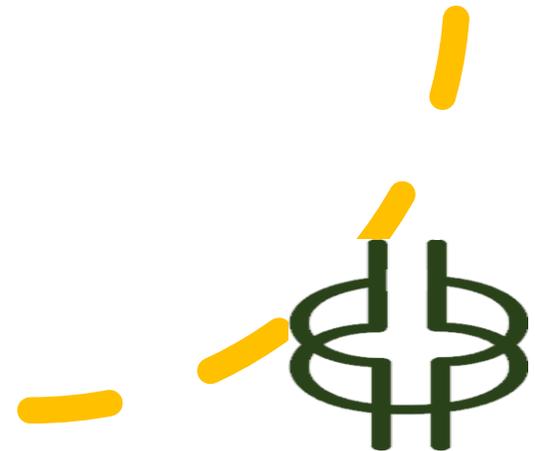
# **‘Between Devil and Deep blue sea filled with sharks’: Covid 19 and West and Central African Health Policy and Systems and Lessons for Current and Future Epidemics and Pandemics: Nigeria Case study**

Obinna Onwujekwe, Chinyere Okeke, Nkoli Uguru, Chinyere Mbachu, Adanma Ekenna, Nwadiuto Ojielo, Benjamin Uzochukwu

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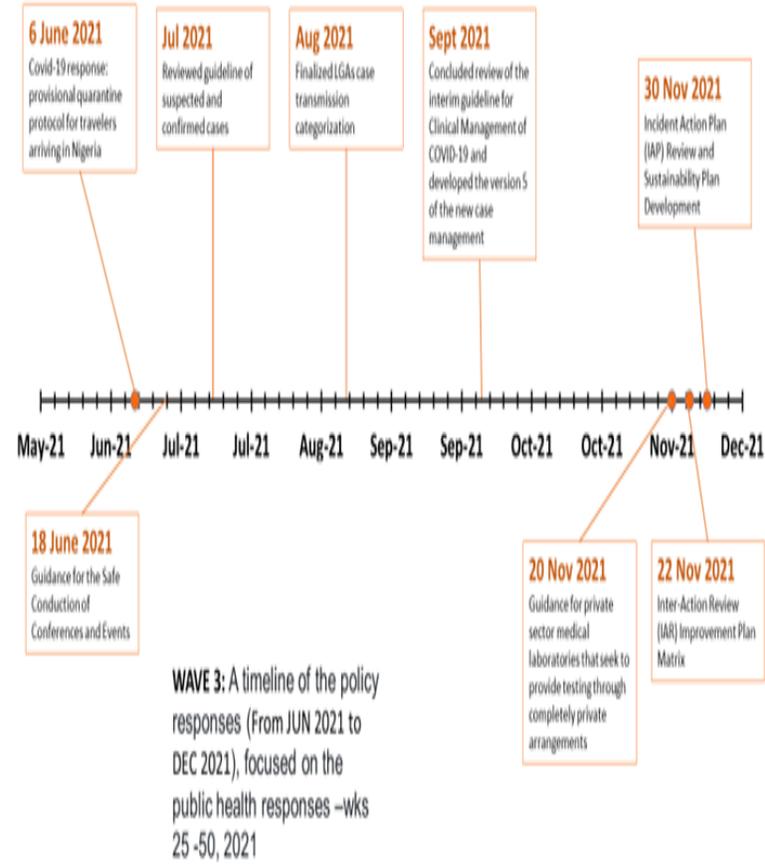
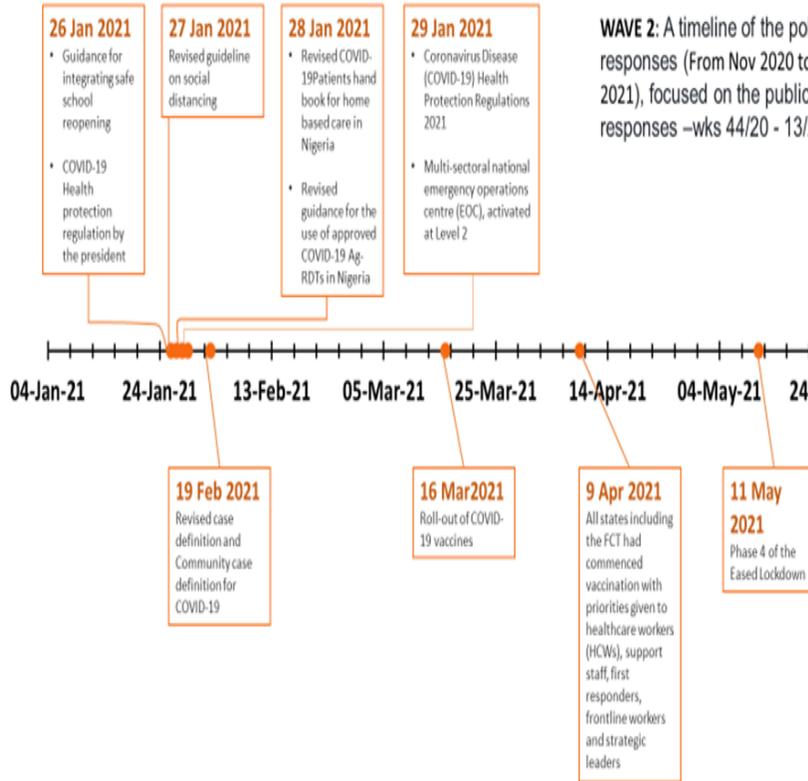
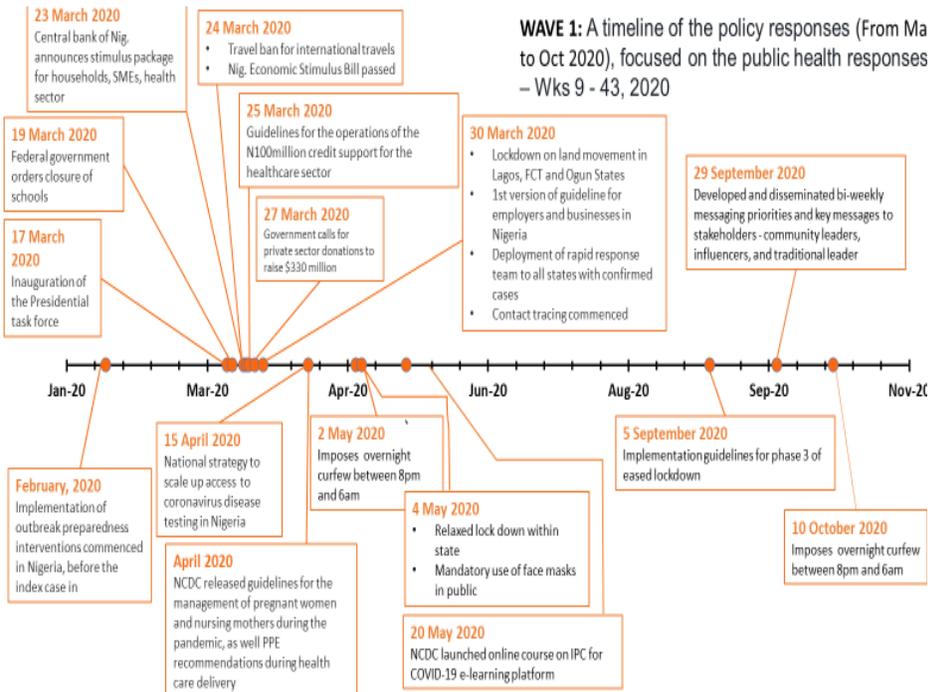
# Aim of the CATALYSE organized session

This session explores drivers of national and sub-national health policy and system responses to Covid 19 in West and Central Africa, intended and unintended effects on the most vulnerable, mechanisms fueling these effects and lessons for strengthening ongoing and future health policy and systems for epidemic preparedness and response in resource constrained contexts.





# Timeline of National COVID-19 Responses





# Health system response

The health system response was multisectorial and incorporated many thematic areas such as, surveillance and epidemiology, laboratory, risk communication, infection prevention and control, point of entry, logistics and research pillars.

The federal government initiated a pandemic response (Presidential task force, NCDC and FMOH) and released a budget of one billion naira for it's coordination. This grant was intended to support treatment, develop protocols and guidelines, research, health worker capacity training and PPEs.

National and State governments established National Emergency Medical Service & Ambulance System; isolation centres (112) and laboratories (124)

Development partners and NGO's supplied ventilators, test kits, large amounts of PPEs, gloves and hand sanitizers to the federal ministry of health.

Integrated reporting obligations into the existing health information management system by NCDC through the Surveillance Outbreak Response Management and Analysis systems (SORMAS) tool and created a website and microsite for information dissemination.

COVID-19 vaccine has been integrated into the country's routine immunization



# Drivers of national and sub-national health response to COVID-19

- Lessons learned from polio eradication initiative and control of previous epidemics:
  - Provided guidance for planning community engagement activities
    - FG establishment of screening at ports of entry etc
    - Early deployment of non-pharmaceutical measures
  - Proven interventions/strategies
    - S-I-N approach was adopted for early recognition and source control for IPC in hospital settings
    - WHO's "My 5 moments for hand hygiene" is being used to train health workers and educate communities on the steps in hand hygiene
    - Distribution of soaps in IDP camps as part of the hand washing campaigns
    - Engineering and environmental controls such as adequate ventilation, physical distancing and environmental hygiene
  - Risk assessment and situation analysis
    - Expansion of COVID-19 diagnostic laboratories by NCDC was based on the establishment of community transmission trend
    - Decision to relax the lockdown restrictions (while maintaining key limitations to curb a spike in COVID-19 cases) was based on evidence indicative of emerging epidemic control



# Intended health systems effects on the most vulnerable

## Intended effects

- To forestall undesirable health outcomes and prevent community transmission of the COVID infection
- Ensure equity and social inclusion in pandemic response
- Support communities during the lockdown phase (economically and nutritionally)

## Intended effects that did not occur

- To have all frontline health workers well equipped and protected during the pandemic
- Equity in distribution of palliatives and other government's support schemes
- Continuity in provision of essential health services
- Equality of educational opportunities and learning outcomes using the introduced modern technologies during the lockdown





# Unintended health systems effects on the most vulnerable

## Positive Unintended effects that occurred

- Engagement of health workers, building their capacity in infection prevention and epidemic response and equipping ICUs that will continue to be used
- Production of PPEs locally served as source of income for many families eg facial masks and hand sanitizers

## Negative unintended effects that occurred

- The closure or slowdown in normal clinical services is likely to further derail efforts to overcome malaria, to improve immunization coverage, leading to poorer health indices, increased underlying conditions of patients and severe cases of diseases
- Daily livelihood of citizens was disrupted, with 42% of overall job loss directly traced to the COVID pandemic
- Domestic violence was on the rise (28% aged 25-29yrs)
- Lack of government trust in social protection
- Use of modern technologies for awareness creation and for virtual education might not translate to overarching awareness and knowledge for the poor





# Policy Implications



The neutrality of mitigation strategies implemented to address the pandemic's socio-economic impacts could deepen poverty, increase food insecurity and inequality in Nigeria.

As the threat of other epidemics looms, social protection must be built around any health responses for future epidemics and pandemics.

The awareness of these gaps has created the impetus for policymakers to reflect on the space that social protection should occupy in their socio-economic models

The COVID-19 crisis has revealed gaps in Nigeria's social protection systems and stressed the importance of developing robust national social protection systems, establishing social protection floors, and covering working in all forms of employment.

# Context-specific solutions

- Gathering social disaggregated data and improving reliance on social dialogue is crucial
  - Building permanent structures for the Informal Sector
  - Recovering and revamping the education sector
  - Improving people's trust in government
  - Implementing policy response and mitigation strategies with wide stakeholder consultation
  - Ensuring equity consideration in private sector and general pandemic responses
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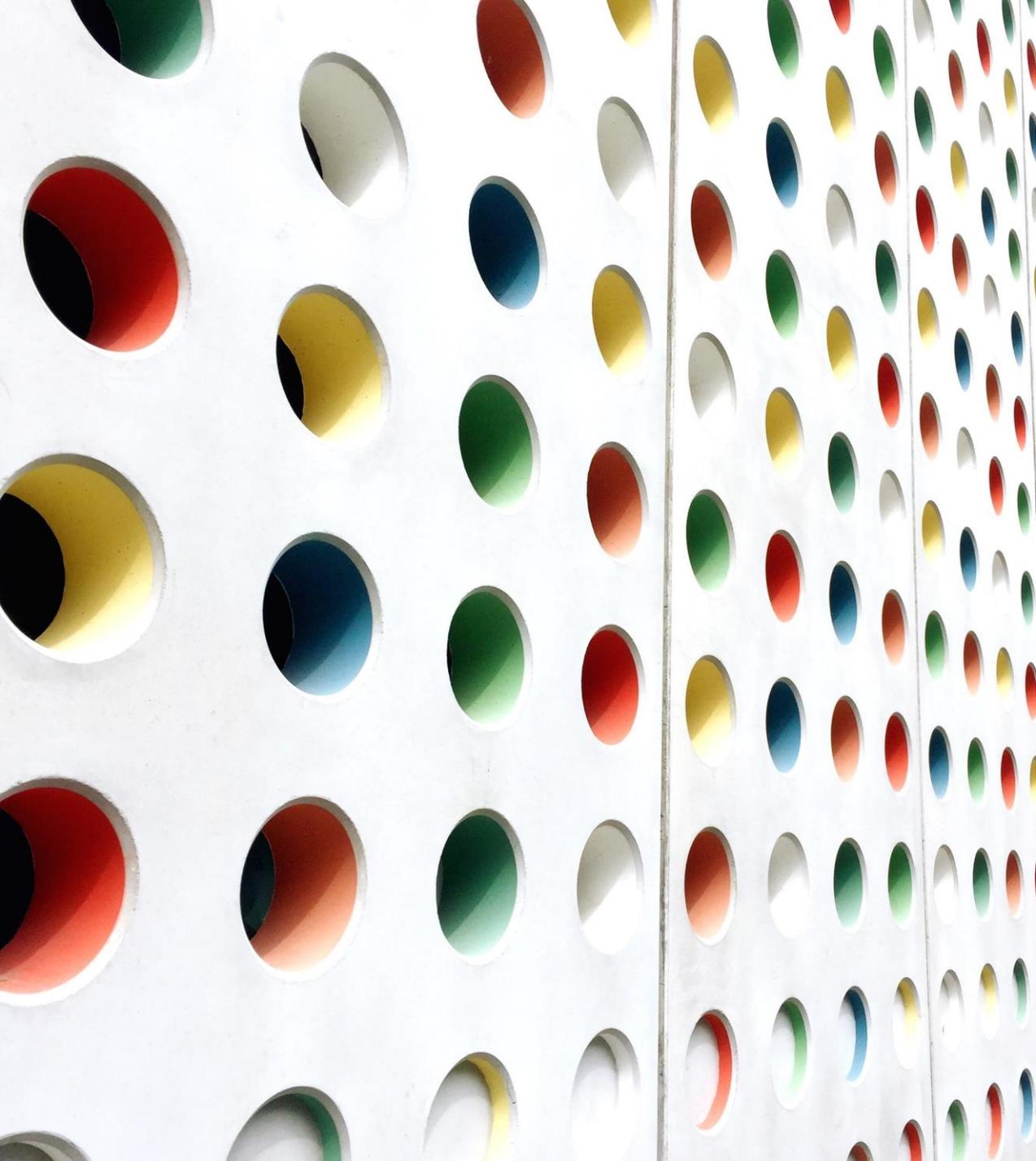
# Lessons learnt for strengthening ongoing and future health policy and systems for epidemic preparedness and response in resource constrained contexts



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- To achieve a health goal, it is important to use a multi-sectoral strategy and review laid down structures regularly
  - The need for political will at both national and sub-national levels
  - The power of funds pooling eg basket funding when properly coordinated
  - Need for funds to be set aside for health security and for accountability structures put in place for monitoring pandemic response resources
  - Community participation was vital to implementation successes e.g. vaccination
  - Need for granular, timely and frequent information for efficient and effective social protection program planning and pandemic response
  - The role and duty of every actor should be emphasized for effective and efficient management of all resources and processes aimed at improving health sector response to pandemics

## Conclusion and recommendations

- The COVID-19 pandemic has placed a huge burden on the Nigerian health system and illuminates health systems weaknesses
- More needs to be done towards sustaining these gains and towards making the health system strong and resilient to absorb the unprecedented shocks and deliver quality health services
- Inclusion of community stakeholders in decision-making and strengthening community engagement across more pillars of response is encouraged
- Continued health education should be enforced by the government at all levels for mass enlightenment
- Increased government support during disease outbreaks is crucial to increase government trust in the community and ensure compliance to set rules
- A need to sustain stakeholders' coordination after disease outbreaks to strengthen health system response



**THANK  
YOU**