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

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1. Summary

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

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

(i) **decreased demand for non-COVID services** as patients stay away from facilities;

(ii) unmet needs for essential health services, including for HIV, TB and malaria, as **COVID-19 patients overwhelm health facilities**;

(iii) **primary health care system interruptions** as health workers are affected by illness or cannot work in the absence of personal protective equipment, essential health products and salaries; and

(iv) an **overburdened laboratory system** places a strain on national laboratory infrastructure and capacities, possibly crowding-out diagnostic capacity for HIV, TB and malaria.

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

2. Context and Global Fund Response

The Global Fund strongly encourages countries to take immediate action to mitigate the potential negative impact of COVID-19 on existing HIV, TB and malaria programs supported by Global Fund grants, as well as steps to address critical health system issues that may improve resilience and preparedness both in the short and longer-term. General information on the Global Fund's COVID-19 response is available here for partners. Situation reports will be updated regularly.
Overall, health systems will face significant challenges in the coming weeks and months as they both respond to COVID-19 and try to maintain essential health services. Countries with **sporadic cases and clusters of cases can control the disease by isolating, testing and treating confirmed cases and meticulous contact tracing.** Countries experiencing community

transmission will likely need to adapt wide-ranging mitigation measures to slow transmission of the virus and reduce the burden on the health system. Possible lockdowns might affect the delivery of health services in several ways as people cannot travel to health facilities, frontline health providers may stay away from work, and the manufacturing and supply of medical products is severely affected. There are four key health systems challenges that may be experienced in the short- to medium-term.

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

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

(iii) **PHC system interruptions**: Primary health care systems may be deeply affected if health workers become ill and/or leave primary health posts due to the absence of adequate personal protective equipment, commodities and remunerations. Resources may be streamlined to deal with the immediate epidemic and reallocated to secondary and tertiary facilities. Health facility budgets may also suffer as countries experience negative macro-economics. ***Key response***: Support measures that keep the health workforce healthy, motivated, compensated, properly trained and equipped to continue to deliver care (see Section C below).

(iv) **Overburdened laboratory systems**: A large increase of COVID-19 testing will put a strain on national laboratory infrastructure and capacity, possibly crowding out diagnostics for HIV, TB and malaria, requiring modified lab workflow and human resource requirements, sample collection strategies and/or additional integration of data systems. ***Key response***: Ensure that HIV, TB and malaria testing capacities are maintained through specific actions to strengthen laboratory capacity and the laboratory system overall (see Section B below).

Below is guidance on specific areas of RSSH programmatic focus and prioritization in the acute phase of the COVID-19 response that address the above challenges. In April 2020, the Global Fund Board approved a new response mechanism to support countries to respond to COVID-19 and mitigate the impact on programs to fight HIV, TB, malaria and systems for health. The COVID-19 Response Mechanism authorizes funding of US$500 million and comes in addition to up to US$500 million in grant flexibilities previously announced by the Global Fund.

3. Areas of Consideration for Programmatic Focus and Prioritization

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

A. Governance and Health Financing

- **Emergency operation center**: If not fully funded, contribute to a health coordination mechanism such as a Public Health Emergency Operation Centre (PHEOC).
- **Mapping essential services**: Support activities related to the mapping and assessment of service delivery settings and platforms to help countries identify essential services, including at the community level. See Section 2 of WHO's Operational Guidance for Maintaining Essential Health Services. Provide support to strengthen referral systems which may include inputs such as transportation, power sources, equipment and communication costs.
- **How to budget**: Continue to support public financing systems which will enable governments to increase fund flows to local levels. WHO has provided recommendations on how to budget for the COVID-19 response.
- **Decentralized financing**: Consider providing direct support to facilities enable them to respond more effectively to the local context. This could be through a mechanism like direct facility financing which was successfully implemented in Sierra Leone during the Ebola crisis.
- **Contracting for health services**: Consider social contracting with non-governmental organizations, faith-based organizations and/or private providers for the continued delivery of HIV, TB and malaria services, particularly to those most marginalized.

B. Laboratory Systems

- **Diagnostic testing**: Molecular testing is the gold standard for diagnosis currently recommended by WHO and multiple technologies have recently received regulatory approvals for COVID-19 testing. The WHO Emergency Use List includes tests for automated and open molecular systems. The Foundation for Innovation in Diagnostics has also compiled a list of available technologies. The role of rapid diagnostic tests for antigen detection for COVID-19 is being evaluated but is not currently recommended for clinical diagnosis pending more evidence on test performance and operational utility. Include vulnerable and marginalized groups and all cadres of health workers among those prioritized for testing.
- **Support systems**: For laboratories to function support systems are needed. Global Fund grants can be used to support the following:
    - Integrated **specimen transport networks**, systems and supplies for safe sample collection, quality management systems, information systems, equipment management systems and waste management systems.
    - **Laboratory workforce** to meet demands for VL/EID, TB, malaria and COVID-19 testing.
    - **Standard operating procedures**. Development of standard operating procedures (SOPs) to account for prioritization of testing (e.g., COVID-19, EID, VL, TB testing on GeneXpert) and workflow, while maintaining specific tests turnaround times (TAT).
    - **Supply chain management**. Due to short shelf life of many test kits, non-availability of kits due to global competition for supplies, multiple testing protocols stock management and supply planning for lab testing will need support. We anticipate increased use of common consumables and PPE for COVID-19 and HIV and TB-related testing in laboratories and recommend forecasting to identify and manage increased consumable demand related to COVID-19.
    - **Biosafety practices**. Any testing for the presence of the virus responsible for COVID-19 or of clinical specimens from patients meeting the case definition for a person under investigation should be performed in appropriately equipped laboratories, by staff trained in the relevant technical and safety procedures.

- **Waste management**. It is anticipated that with the increased use of single use PPE's and increase in volume of testing there will be a need to strengthen and support waste management systems in line with WHO guidance.

C. Human Resources for Health

- **PPE**: Personal protective equipment (PPE) is important to health worker safety, morale, and reducing transmission. Include all health workforce cadres (e.g., facility-based providers, CHWs, peer educators and outreach workers), as well as IPC of patients, in the quantification. Other partners have generally taken the lead in its procurement, and PRs are strongly encouraged to source PPE and other COVID-19 related medical supplies through national or regional channels as early as possible to minimize supply delays and disruptions. WHO has issued recommendations for the occupational safety of health workers, as well as technical guidance on infection prevention and control measures more generally. Ensure that grants address contingencies of delayed, uneven or uncertain PPE availability to ensure health workers adapt approaches service delivery accordingly.
- **Gender**: 7 out of 10 health workers worldwide are women, which means they may be disproportionately affected by global shortages of PPE. Traditional gender barriers to accessing care may also compound risks that health workers face in contracting COVID-19, as they are more likely to be caregivers. Consider including gender-sensitive support to caregivers, especially health workers.
- **Access**: Ensure that health providers, including CHWs, are designated as essential. In the event of national, subnational or local confinement measures (i.e., lockdowns, curfews, etc.), health providers should not experience any restriction of access to safely carry out their critical duties.
- **Salaries**: COVID-19 will likely exacerbate underlying health workforce shortages. Maintain existing health worker salaries and incentives and scale-up the number of health workers, including the recruitment of community health workers, through existing and new grants. Use digital technology and ensure integration with existing data systems where possible. Mobile money salary payments to health workers were critical to ensuring continuity of services during the Ebola outbreak in Liberia and Sierra Leone.
- **Training**: Support the expansion of health provider training currently in grants, including COVID-sensitive adaptation of existing services. Mobilize and train all health workers, including CHWs, other lay providers and volunteer systems, for COVID-19 recognition, triage and care. As there will be a need for adaptive mobile and/or distance training approaches, support web-based platforms to provide key trainings where feasible.
- **Supervision**: Supervision will become even more important as the stresses on health workers increase. Existing grants can be used to ensure health providers have on-the-job support either by mobile / digital technology or in-person. Remote supportive supervision may be necessary, as well as updated standard treatment protocols. Guidance outlining the redistribution of health workforce capacity is available in Section 5 of WHO's Operational Guidance for Maintaining Essential Health Services during an Outbreak.

D. Community Systems

- **CHWs and community-based organizations**: Continue to support CHW programs in existing grants and scale-up as needed to enable effective infection prevention communication, case detection, contact tracing and management of COVID-19, as well as to sustain essential health services. Focus on: i) how they can disseminate clear and accurate messages to the community, ii) delivering the package of community-level health services outlined in the national community health strategy, including HIV, TB and malaria services as appropriate, iii) targeting hard to reach and vulnerable populations, and iv) measuring and managing service quality. The IFRC, WHO and UNICEF have developed interim guidance on community-based health care, including outreach and campaigns, in

the context of the COVID-19 pandemic. The Community Health Impact Coalition has also issued guidance on setting priorities for deploying and protecting CHWs during this time.

- **Renumeration**: Importantly, CHWs, peer educators and outreach workers should continue to be paid even if they are unable to do work in-person to reach targets set pre-COVID-19.
- **Data Collection and Use**: Data systems may need to be adapted to facilitate systematic surveillance and monitoring of co-infection of patients with COVID-19 who are also affected by HIV, TB, and malaria. Support the collection and use of COVID-related data via community systems to integrate with existing government data systems, using mobile technology and supporting decision making where possible. To limit potential stigmatization of vulnerable populations, protect the privacy of patient data pertaining to COVID prevention, testing, and treatment. Avoid parallel data systems, especially at community level, and include COVID-related data in systems like DHIS2.
- Expand the **scope of community-based interventions** currently funded through community systems strengthening (CSS) activities to include the following:
    - Engage CSOs and community leaders to disseminate information in a timely manner, monitor access to and quality of service delivery, provide feedback from the community and minimize stigma and discrimination. Include feedback from members of most marginalized and vulnerable communities in ongoing discussions and decision-making.
    - Support CBOs to monitor the impact of COVID-19 in their communities, including who is being excluded from services. CBOs might also help to monitor the impact of COVID-19 on health service providers in their communities.
    - Enhance the capacity of informal caregivers in the community to provide social support and outreach. Additional guidance is available from WHO here. The CDC has also issued guidance on home care.
    - Ensure communities can develop and disseminate user friendly information on specific needs of PLHIV; people affect by TB or malaria, including up to date information regarding how to access treatment and other essential health commodities and diagnostics, within context of COVID-19. Additional information is available here.
- **Support effective communication**. Government produced jingles and “spots” usually have limited effect, and are usually not cost-effective. Interpersonal communications (IPC) from CHWs, community volunteers, religious leaders, and traditional leaders is usually more effective, as lessons from Ebola have demonstrated. Inform communities about key messages in relation to ongoing HIV, TB and malaria service provision in the context of COVID-19 for accessing health management, treatment, diagnostics at health facilities and through differentiated service delivery. IFRC, UNICEF and WHO have prepared a Risk Communication and Community Engagement Action Plan (RCCE).

4. Additional Resources

i. Technical Recommendations

Checklist for the management of human resources for health in response to COVID-19 (WHO PAHO) https://iris.paho.org/bitstream/handle/10665.2/52100/PAHOHSSHRCOVID-19200011_eng.pdf?sequence=1&isAllowed=y

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

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

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

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

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

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

Strengthening the Health System Response to COVID-19 (WHO EURO) http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/novel-coronavirus-2019-ncov-technical-guidance-OLD/coronavirus-disease-covid-19-outbreak-technical-guidance-europe-OLD/strengthening-the-health-system-response-to-covid-19

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

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

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

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

a. Lessons Learned

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

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

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

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

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

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

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