

Feedback from IAPB Members active in Africa in relation to the Coronavirus COVID-19 situation

Organisations engaged:	BHVI, Light for the World, OPC, Sightsavers, Vision Aid Overseas, Rwanda International Institute of Ophthalmology, Vision for a Nation, Operation Eyesight Universal, Fred Hollows Foundation East Africa, Sightsavers East Africa, College of Ophthalmologists of East Central and Southern Africa, CBM East Africa
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Section 1: We would like to learn more about how our members are being impacted by the Coronavirus

Q1: How are your activity pans being impacted by restrictions around the Coronavirus in the region?

Response

- Operations
 - HQ staff are working from home
 - Country offices closed with key staff working from home but with activities stopped there is little that they can do
 - Most are in the process of figuring out longer term impacts - collating information to see which way it goes
 - Safety first in all projects/ facilities
 - Looking to determine best practices
 - Requested PPE where required
 - Country offices had to agree on where to scale back to make savings
 - Development of:
 - Contingencies and emergency plans
 - Messaging/ Inclusive messaging for people with disabilities
 - Behavioural guidelines
 - Inclusive response
- Programmes
 - WHO has advised to drop all programme work
 - There are cases where countries are continuing NTD and other work in healthcare facilities but all outreach work is cancelled
 - Most eye health programmes have been suspended
 - In terms of surgeries, emergencies cases only
 - Availability of repeated medication (for glaucoma and DR) a concern during lockdown
 - Eye health pharmacy in Kigali opened for a few hours during lockdown to disseminate glaucoma meds
 - Training institutions shifting to online courses
 - Phased lifting of country lockdowns is starting however programmes still impacted due to:
 - Gathering/ Meeting bans
 - Closed schools
- Response to the Coronavirus
 - The impact of the virus is not yet felt
 - It is perceived that the response is being well handled at the political level. At the street level (citizens), the response is less disciplined

Q2: Is any of your staff/ resources shifting on to into COVID-19 response work? (is there pressure on them to do so?)

Response

- Staff

- No
- Sort of
- Yes
 - Staff already working in health facilities
 - Some donors requested shift to COVID response activities
 - Community awareness and outreach
 - Support emergency response units
 - Primary Healthcare Nurses in Ghana who are undertaking frontline health priorities are including eye health support in their daily functions
 - Staff consulting on logistics planning and facility readiness
- Resources
 - Not yet but this is being considered as contingency planning questions
 - It is easier to redeploy fixed assets
 - Resources procured/ utilised in relation to specified donor funding will have to be negotiated
 - Yes
 - Polymerase chain reaction (PCR) test applications being made available
 - Printing and disseminating awareness material
 - PPE procured and being sent to Ghana
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Q3: When engaging with your donors, what is the feedback you are getting around funding or future funding?

Response

- There will be impact but not yet appreciated what this will be. The messaging is optimistic.
- US donors – funding to existing projects will not suffer. May affect new programmes under proposal.
- New donors – wait and see
- Funding to existing programmes is secure
- Funds raised through events likely to be severely impacted
- Conversations around repurposing underway
- Funding for core costs a priority
- There is concern that pledged funds may no longer be available (DIFD and USAID)
- Funds collected as individual donations within Italy and Germany have been negatively affected

Section 2: How can IAPB support members during this time?

Q4: How do you see IAPB's role during the COVID-19 crisis?

Response

- IAPB in a good position to disseminate info
- IAPB's response ought to be less technical and more around communication
 - Reinforcement of WHO messaging but geared towards frontline eye health workers
 - Message of support to eye health workers recognising their sacrifice/ efforts at this time would be a comfort
 - Sharing knowledge of pots of funding which are becoming available
 - Sharing opportunities to redeploy resources to the corona response
 - Share info on how eye health is impacted by Covid19 and the response should be (Covid19 specifically, not a feature in other known coronavirus diseases)
 - Collating and sharing info on best practices
 - Sharing advice on repurposing resource
 - Sharing advice on repurposing HR

<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Eye health workers ○ Resource page well received ○ Guidance on coping mechanisms for people with disabilities ○ Develop toolkits on uniform ways on responding to the COVID-19 crisis ○ Ensure awareness around COVID-19 for older people presenting for cataract ○ Promote online training opportunities for those staff who have downtime due to reduced activities • Members would appreciate the opportunity to “convene” to share experiences <ul style="list-style-type: none"> ○ Nice to know that not alone in challenges ○ Sharing how others are dealing with things ○ Reassurance from across the membership • Engagement with Coordination bodies <ul style="list-style-type: none"> ○ Link up with professional bodies on behalf of members <ul style="list-style-type: none"> ▪ Need to engage local MoH in writing guidelines for dissemination in smaller hospital units ○ Ensure that coping mechanisms are in place for people with disabilities ○ Mechanism to engage with MoH (via WHO AFRO) <ul style="list-style-type: none"> ▪ Influencing things in the health system ○ Advocate for local production of PPE and EH consumables (to counter the disruption of international trade) • As the countries come out of the crisis and a post COVID- world: <ul style="list-style-type: none"> ○ Coordination of eye health stakeholders – regional and national ○ Be ready for when the Government calls for a meeting of stakeholders ○ Government reopening roadmap – identify steps with entry points for eye health stakeholders ○ Revise clinical governance to ensure improve safety in hospital settings ○ Promote technology around telehealth for response tools
<p>Q5: Have you visited the IAPB COVID-19 Resources page on the IAPB Website? (https://www.iapb.org/news/covid-19-resources-here-is-what-we-know/)</p> <p>If not, why?</p>
<p>Response</p> <ul style="list-style-type: none"> • No <ul style="list-style-type: none"> ○ Did not know about it • Yes <ul style="list-style-type: none"> ○ Very helpful
<p>Q6: What other info would you need/like to see</p>
<p>Response</p> <ul style="list-style-type: none"> • Information on training eye health workers in the current coronavirus situation to be developed and provided for upload to the resource page
<p>Q7: Would communal calls hosted by IAPB be useful for members to share/ talk about the situation?</p>
<p>Response:</p> <ul style="list-style-type: none"> • Yes <ul style="list-style-type: none"> ○ Nice to know that not alone in challenges <ul style="list-style-type: none"> ▪ Sharing experiences ▪ Sharing how others are dealing with things ○ Reassurance from across the membership ○ Sharing knowledge of pots of funding which are becoming available ○ Sharing opportunities to redeploy resources to the corona response ○ Best practices can be quickly communicated ○ Webinars a good format

- More support for this type of initiative
- No
 - Not at this time
 - Less time consuming info appreciated
 - Learning & sharing is good but after the fact, not during. E.g. GA2020 would be a good opportunity to discuss learning. This is perhaps not the time for extra meetings.

Section 3: We are looking to gather stories of member experiences with handling/ dealing with COVID-19

Q8: We are looking to gather stories of experiences with handling/ dealing with COVID-19 (workplan revisions/ shifting of staff onto COVID-19 work? Do you have examples to which we may/ may not share with the broader membership?

Response:

- Members to revert with stories

Feedback from National Coordinators in Africa in relation to the Coronavirus COVID-19 situation

National Eye Care Coordinators	Dr Michael Gichangi, Kenya Dr James Addy, Ghana
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Q1: How are eye health activities being impacted by restrictions around the Coronavirus in your country?

Response

- Eye health activities are negatively impacted
- Outreach suspended
- Most eye clinics closed - only urgent and emergency services underway
- Most Outpatient departments are now reduced
 - If Covid enters OPD then OPD is locked down
- People are encouraged to stay away from hospitals unless absolutely necessary
 - Regular treatment prolonged, intervals revised to about 2 months (patient able to call if necessary)
- Clinics – staff unsure of what procedures are safe to perform
 - Advised to adhere to social distancing
 - Facemasks to provide to staff and patients
 - Non urgent/ non-emergency treatment avoided
- PPE required – but as not available staff unable to work
- Most workers are home working if not required at the health facility
- MoH departments developed strategies to interrupt close transmission
 - Developed guidelines for EH workers
 - Reemphasised technical issues to EH workers
- Debating how to move out of the restriction phase (as more learning around COVID occurs)
- West Africa College of Surgeons exams suspended

Q2: Are eye health workers/ resources redeployed on to into COVID-19 response work?

Response

- Yes
 - The National Coordinator was assigned a quarantine site, attending to health issues (setting aside eye health skills and acting as a healthcare person)
 - The National Coordinator was assigned to deliver policy directives to incoming foreign travellers and guide them into quarantine
 - Relieved of these duties once site was closed
 - Senior staff is supporting core case management team
 - Nurses have been reassigned to rapid response teams
 - Other health workers were also redeployed to quarantine sites

Q3: Are health communications adequate in your country at this time for this situation

Response

- Yes
 - WHO recommendations
 - Webinars allow for exchange of info
 - IAPB/ WHO webinar
- Local zoom meetings with health workers to share learning are taking place
- Communication mechanisms with other stakeholders could be improved

Q4: How can IAPB and members provide support during this time?

Response

- Mobilise PPE

<ul style="list-style-type: none"> • Training
<p>Q5: As the country moves out of the Coronavirus situation, what is needed for eye health?</p>
<p>Response</p> <ul style="list-style-type: none"> • Eye health workers will still need to take extra precautions to minimise chances of transmission <ul style="list-style-type: none"> ○ Measures for patients to remain safe e.g. create physical barriers between patient at eye health worker during interaction ○ PPE and sanitisation of clinics/ theatres ○ Most EH patients are elderly are prone to viral infections so don't want to expose them to risk ○ This will evolve as we learn ○ Will change the way we do things • Institute triaging even at eye clinic OPD • Bring in rapid diagnosis tests (RPD) for all patients coming into eye clinic • Screening all eye care staff for CV to determine baseline and see how susceptible they are to CV19 and revise guidelines accordingly • Support will be needed to boost services e.g. outreach once permissible • Improve health education at OPD • Mandate certain practices e.g. wearing of masks by practitioners (provided by MOH) • Policy will have to be reviewed (how will CV impact SDG - will SDG need to be revised?) • Review national EH strategic plan – adding new Covid related areas • Mobilise PPE
<p>Q6: Have you visited the IAPB COVID-19 Resources page on the IAPB Website? (https://www.iapb.org/news/covid-19-resources-here-is-what-we-know/) If not, why?</p>
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<p>Response</p> <ul style="list-style-type: none"> • N/A
<p>Q8: Would communal calls hosted by IAPB be useful for members to share/ talk about the situation?</p>
<p>Response:</p> <ul style="list-style-type: none"> • Yes <ul style="list-style-type: none"> ○ Would like perspective from others ○ Participation restricted to what is allowed as government
<p>Q9: We are looking to gather stories of experiences with handling/ dealing with COVID-19 (workplan revisions/ shifting of staff onto COVID-19 work? Do you have examples to which we may/ may not share with the broader membership?</p>
<p>Response:</p> <ul style="list-style-type: none"> • To revert with stories