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


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 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

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
- 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
  - Nice to know that not alone in challenges
  - Sharing how others are dealing with things
  - Reassurance from across the membership
- Engagement with Coordination bodies
  - Link up with professional bodies on behalf of members
    - 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)
    - 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:
  - 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

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/)
If not, why?
Response
- No
  - Did not know about it
- Yes
  - Very helpful

Q6: What other info would you need/like to see
Response
- Information on training eye health workers in the current coronavirus situation to be developed and provided for upload to the resource page

Q7: Would communal calls hosted by IAPB be useful for members to share/ talk about the situation?
Response:
- Yes
  - Nice to know that not alone in challenges
    - 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
<table>
<thead>
<tr>
<th>Type of Initiative</th>
<th>Support</th>
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<tbody>
<tr>
<td>More support for this type of initiative</td>
<td>No</td>
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<tr>
<td>Not at this time</td>
<td>Less time consuming info appreciated</td>
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<tr>
<td>Learning &amp; 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.</td>
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**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         |

#### 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
### Q5: As the country moves out of the Coronavirus situation, what is needed for eye health?

**Response**

- Eye health workers will still need to take extra precautions to minimise chances of transmission
  - 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 and 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

### 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?**

**Response**

- No
  - Did not know about it
- Yes
  - Very helpful

### Q7: What other info would you need/like to see

**Response**

- N/A

### Q8: Would communal calls hosted by IAPB be useful for members to share/talk about the situation?

**Response:**

- Yes
  - Would like perspective from others
  - Participation restricted to what is allowed as government

### 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?

**Response:**

- To revert with stories