



Lessons of Covid-19 and the prerequisite from the perspective of SME identified to respond to public health Emergency

NMCP's Perspectives-NIGERIA



Outline



- Introduction
- Did you see any decreases in OPD attendance and what did you do to mitigate this?
- Did COVID-19 increase malaria mortality? How was this handled?
- Do we have any clear steps that can help mitigate measurement challenges any future public health emergency? That is, what adjustments have taken place that have helped to define these step-by-step approaches.
- Any other best practices and lessons learnt.



Introduction

- ❑ Globally, COVID-19 pandemic slowed down implementation of SME interventions.
 - ❑ As of 13th May 2021, Nigeria reported 165,612 confirmed cases of COVID-19 nationally and 2066 deaths
- ❑ Surveillance, M&E is a critical pillar in tailoring malaria interventions during COVID-19.
- ❑ In line with WHO recommendation that countries deploy innovative solutions to ensure continuation of delivery of critical services in a COVID-19 situation, around the restrictions and limitations, NMEP and partners developed a business continuity plan & SMEOR Contingency plan
 - ❑ Routine reporting through HMIS, State-level trainings, data validation and data quality assessments were continued by implementers with modification of approaches to implementation.

Our vision - a malaria free Nigeria; Our goal - to reduce malaria burden to pre-elimination levels and bring malaria-related mortality to zero



Did you see any decreases in OPD attendance and what did you do to mitigate this?



- Yes, there was decreases in OPD attendance at national level, this decreased to ~20% when compared to 2019 reporting from the HMIS/DHIS2 platform
- The highest point of this OPD decrease coincided with period of national lockdowns and restriction of movements.
- States were grouped into bands to analyze for impact of COVID-19 on OPD attendance and other malaria services.
- For Band A states with highest COVID-19 cases and longest period of lockdowns/restriction of movements,
 - There was significant decrease in OPD attendance in Lagos (~160%), FCT (~130%), Ogun (~105%) but no decrease was reported in Kaduna State.
 - The highest points of decrease in disruption of services coincided with lockdown in Lagos whilst it coincides with peak of COVID-19 cases in FCT
- For Band B States, with second highest COVID-19 cases and period of lockdowns/restriction of movements,
 - There was noticeable decrease in OPD attendance of 70% in Oyo and Edo states, 40% in Rivers but no change was observed in Plateau State
 - There was a 30% reduction in OPD attendance when compared to 2019 for all B states

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What did you do to mitigate this?



- ❑ Trend analysis was conducted to see the impact of COVID-19 on Malaria service delivery and the outcome of the analysis was used to inform interventions and appropriate engagement approach
- ❑ There was setting up of coordinated leadership at all levels with different stakeholders playing a key role in the COVID-19 response. Malaria team was part of the state emergency Operations Centres
- ❑ Developed a contingency plan to guide implementers of different interventions across all levels to ensure business continuity amidst COVID-19, such as modification of the LLINs and SMC campaigns .
- ❑ Engaged with states to receive update on the status of lockdown and agreed that states with lockdown to ensure health care workers have the required movement passes to ensure last mile commodity and service delivery is not disrupted.
- ❑ Used the opportunities presented by different COVID-19 awareness campaigns to incorporate messaging on malaria
 - ❑ Used the period of LLINs Mass Campaigns and SMC implementation to give households health talk on key malaria and integrated COVID-19 messages on the need for sick clients to visit health facilities for proper consultation.
- ❑ Leveraged on programmes/entities procuring PPES to ensure health care workers were adequately catered for so that they are protected from contracting COVID-19 and can provide the required services to clients who seek care

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Did COVID-19 increase malaria mortality?

- ❑ We do not have sufficient information to corroborate this increase, however, data obtained for 2019 July – November 2019 and similar period of 2020 from the HMIS/DHIS2 platform showed increase in maternal mortality due to malaria, the under 5 mortality due to malaria showed no increase.
 - ❑ The country interprets this data with caution due to the many factors surrounding its documentation.
 - ❑ 2020 World Malaria Report when available can be able to show if COVID-19 increased malaria mortality in Nigeria

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Do we have any clear steps that can help mitigate measurement challenges any future public health emergency? That is, what adjustments have taken place that have helped to define these step-by-step approaches.



- Yes, there are clear steps. The presence of molecular testing labs in every state of the federation will now allow for early and timely identification of cases with subsequent isolation of confirmed cases of COVID-19
- The surveillance system has been further strengthened with more training and capacity building for personnel across all levels on COVID-19 and Malaria
- The presence of a strong political will and government-led coordination team at the highest level was helpful in coordination as well as ensuring timely release of funds and easy implementation of activities
 - Active engagement of Government with private sector key players also lead to release of funds for procurement of PPEs, setting up of emergency isolation and treatment centers.
- Training of more health workers in health emergencies and expanding health facilities care and services to prepare for health emergencies will help mitigate any future public health emergency

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Any other best practices and lessons learnt.



- Presence of handwashing facilities and use of thermometer to check temperatures of clients before entry to health facilities.
- Health facilities also interact with all clients presenting for care on the essential COVID-19 questions and if there are information suggesting exposure, such clients are referred to the nearest COVID-19 centre for appropriate testing
- Amidst the movement restriction and lockdown, leadership across all levels prioritized health care workers with the required movement pass to always ensure rendering of critical services
- There was resilience of health workers in the face of public health challenges
- Coordinated Leadership at all levels with regular press briefing at the Emergency Operations Centre on the status of the pandemic made great difference in creation of awareness
- NMEP and partners used the period of implementation of SMC and LLINs Mass campaign to integrate COVID-19 and Malaria messaging to households
- Most of the SME meetings/trainings that required physical contact were done virtually and in situations where in person approach was required, the number of participation was limited with provisions made for more halls to ensure appropriate physical distancing

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Thank You