

# 'IS UGANDA'S HEALTH WORKFORCE SAFE FROM THE INFECTIOUS GERMS THEY ARE FIGHTING?'

This question frames my day-to-day business of supporting capacity building and development efforts in Infection Prevention and Control (IPC) of infectious diseases of public health significance. As the world grapples with community spread of COVID-19, the safety of health workers (HWs) and frontline caregivers remains a pertinent issue for not only our IPC team, but also the nation at large.

My name is Maureen Kesande, a project officer for IPC with the Global Health Security Program (GHSP) at the Infectious Diseases Institute (IDI) at Makerere University in Uganda. With a mission to strengthen health systems in Africa, with a strong emphasis on infectious diseases through research and capacity development, the Infectious Diseases Institute presents a collaborative opportunity and a solid platform for developing capacities to prevent, detect and respond to infectious disease outbreaks.



Within the GHSP, we have leveraged our experiences with combating Viral Haemorrhagic Fevers (VHFs), for example, Ebola Virus Disease (EVD), Marburg and yellow fever to establish, and integrate a core team with the national and district teams overseeing disease outbreak response. The GSP IPC team of experts is embedded in Uganda's regional and district-based health facilities supporting the Ministry of Health to implement nationally-approved IPC mentorship strategies and

protocols. We work in conjunction with regional and district IPC committees guided by the Ministry of Health national IPC committee, a sub-pillar of the case management committee, which coordinates all efforts against COVID-19 through the National Task Force coordination structure (<https://covid19.gou.gov/coordination.html>). The Case Management pillar in this structure prioritises IPC on COVID-19.

Back to the question at hand, 'Is Uganda's health workforce safe from the infectious germs they are fighting and specifically the SARS-Cov-2 virus?' I will attempt to derive the best answer possible from a collection of FAQs (frequently asked questions) gathered during our onsite district trainings, and through our health worker-focused call centre, the Advanced Treatment Information Centre (ATIC), managed by IDI's Training and Capacity Development department. Through the ATIC Call Centre we take note of, and address frequently asked questions (FAQs) on infectious diseases including COVID-19.

Our second source of health worker concerns and expectations is stakeholder performance review meetings coordinated by District Health Teams and health facilities. The impact of district teams and Implementing Partner meetings is two-fold: Firstly, the appropriate stakeholder with the budget addresses matters that need immediate action, including urgent logistical needs for IPC. Secondly, health workers have the opportunity to learn from peers and adapt IPC measures that work best in their resource limited setting.

*When we speak to health workers at the front-line of infectious disease control, we often find opportunities to improve our communication with them. It is hugely useful to us to make sure we are speaking the same language as the healthcare providers and creating a shared understanding of what our tools and approaches are and how they work. Transparent communication with health workers is part of our training package delivered with the aim of growing skills and knowledge to aid IPC implementation and mentorship in health facilities.*

Besides shared learning, we have realised improved performance at health facility level in different districts, for instance, in Uganda's West Nile region, based on aggregated IPC parameter scores from district health facilities. Preliminary results show that speaking the same language as healthcare providers, and creating a shared understanding of what our tools and approaches are and how they work improves IPC implementation.

As of 30th September 2020, the GHSP IPC team and Ministry of Health partners, have trained 877 district IPC mentors. In turn, these mentors have reached 1558 health facilities and mentored 9269 public health workers composed of doctors, clinical officers, nurses, laboratory focal persons, and village health teams (VHTs), over a period of three months. Our trainings are incomplete without tooling

## TOPICS FOR HEALTH WORKERS' CAPACITY DEVELOPMENT IN IPC

- Overview on COVID-19 and associated IPC.
- Risk Assessment and Personal Protective Equipment (PPE).
- PC Standard Precautions (respiratory, hand and environmental hygiene, disinfection, waste management).
- Screening, Isolation and Notification of Suspected COVID-19 Cases
- Health Worker Surveillance.
- Leadership and Support Supervision on IPC.
- IPC Work-plan Formulation and Implementation, and Facility-based IPC Assessment Tool

## Conclusion

Two-way interactions between planners and executioners of public health care during emergencies of global health security threat should not be undermined. Further, engaging health worker and frontline responders to the COVID-19 pandemic for their contribution, expectations and concerns provides excellent opportunities for mutual learning and benefits for innovators, researchers and policy makers. Risk communication and case management experts who plan for health worker engagement may benefit from our compilation of concerns and expectations, as heard from health workers during our training and mentorship endeavors.

## Some of the HW Expectations on IPC on their safety from COVID-19

- To learn about COVID-19 infection transmission routes.
- To understand my role in interrupting COVID-19 transmission in the health facility and community.
- To learn procedures for ruling out COVID-19 in a patient who presents with common cold symptoms?
- To gain skills and techniques on how to manage COVID-19 suspect.
- To learn how to protect myself and family and deal with community transmission.
- To get mental/ psychosocial support for self and COVID-19 survivors.
- Mentorship on how to treat a patient with COVID-19 signs and symptoms ranging from mild to critical.

## HEALTH WORKERS' FREQUENTLY ASKED QUESTIONS.

1. What is the difference between coronavirus and COVID-19?
2. What are the symptoms of Corona Virus Disease? How do I diagnose COVID-19?
3. Who needs to be isolated?
4. What does it mean to isolate in yourself at home?
5. What is the standard distance for social distancing?
6. Which group/category of people are most at risk of severe disease?
7. How do we deal with people in our community who recently returned from abroad? What step do we need to take to protect ourselves outside the health facility?
8. What is the treatment of COVID-19? Does chloroquine treat COVID-19?
9. How do we continue running day-to-day clinics amidst COVID-19?
10. How do I protect myself from acquiring COVID-19 at work?
11. Which type of PPE do I use during my routine work, when I am facing a COVID-19 suspect and when there is no PPE at the facility?
12. After isolating the patient at the facility, what do I do with a suspect patient (especially for lower health units and private clinics)?
13. What can we do where systems of surveillance, contact tracing, notification, referral systems, and transport are weak?
14. How do you collect the sample for COVID-19 testing? Which sample gives the best yield of SARS-CoV-2 virus? How do you package COVID-19 suspected samples?
15. Which laboratory can we call to discuss sample collection and packaging?
16. Can blood transmit or confirm COVID-19 infection?
17. If I am a person living with HIV/AIDS, how do I 'extra-protect' myself from COVID-19?
18. We do not have the resources to fence-off our health facility. How do we close off the multiple entry points into our facility during this pandemic?
19. How do we handle bodies of persons suspected to have died from COVID-19?
20. Our district does not have a trained COVID-19 burial team so how can we ensure that bodies are appropriately buried?
21. We understand infection prevention; how do we then control further spread?
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By Maureen Kesande, Project Officer, Global Health Security Infection Prevention Control.

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