



MEDICAL WOMEN'S ASSOCIATION OF NIGERIA

Perpetual Succession Land Act. Pat. 98 of 20-284, Incorporation No. 2558.

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4th June 2020

STATEMENT OF THE MEDICAL WOMEN'S ASSOCIATION OF NIGERIA (MWAN) ON THE COVID-19 PANDEMIC (II)

Since the total lockdown that was implemented on Nigeria at the end of March 2020 was partially lifted at the end of April 2020, Nigeria has continued to experience a sharp rise in new confirmed cases of COVID-19.

It was hoped that through enforcement of physical distancing, use of face masks and observation of hand hygiene, the spread would be curbed when restrictions on movement were lifted to allow a gradual return to economic activity. However, enforcing the adherence to COVID-19 among the public has been quite challenging and it has become a hard choice between complete lock down to prevent spread of Coronavirus resulting in plummeting of the economy; or partial lock down with restrictions on large gatherings which is difficult to enforce hence leading to faster spread of the disease.

There is also the possibility of hospital acquired infections going on through poor compliance with infection control policies. This had led to a good number of health workers getting infected. In over 800 as of 2nd June 2020. In spite of an over all reduction in patient attendance to health facilities, many facilities are still overcrowded making it physical distancing difficult.

The epidemiological pattern of transmission of infection has not been studied carefully in different states. Hence measures to interrupt transmission have not been instituted causing the continuous rise in new confirmed cases.

Release of funds is not occurring as fast as it should be leading to threats by health workers to down tools because of lack of adequate personal protective equipment or non-payment of promised allowances and incentives. Poor funding may also force some hospital authorities to begin to cut corners.

Risk communication and community engagement has not been without its own challenges, as they have been carried out without an effective monitoring and evaluation framework to measure expected outcomes. Stigmatization of patients and health workers in relation to COVID-19 has led to self-medication and late presentation which increases fatality.

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There is an upsurge in reported cases of Violence Against Women and Girls (VAWG) which is being promoted by the culture of silence.

Coordination of several committees as well as parastatals involved in the response is equally challenging and expensive. It is no wonder the Presidential Task Force on COVID-19 has handed over the next phase of the battle against the Coronavirus pandemic to states, community leaders, religious leaders and others in order to focus on supervision and coordination.

In order to reverse the trend, MWAN recommends the following:

1. Implementation of targeted lock down in Local Government Areas with high incidence of new confirmed cases in an attempt to flatten the curve. All those on essential services must use face masks properly when they go out in public.
2. Institution of regular infection control rounds in health facilities with a standard checklist to ensure strict compliance by everyone within the health facility environment.
3. Reduction of the population of patients, clients and health staff in health facilities through the use of tele-medicine.
4. Implementation of community based testing of COVID-19 using LGA Disease Surveillance Notification Officers.
5. Commencement of home-based care by Community Health Physicians and Community Health Workers for treatment of minor ailments or asymptomatic COVID-19 cases using standard guidelines.
6. Scaling up of the use of the COVID-19 self-assessment application and making follow up calls to those who are at high risk to encourage voluntary testing for COVID-19 and treatment.
7. Ensuring health workers are tested regularly for COVID-19 so that those who are positive do not become a source of infection to other staff and patients. Donors should support the use of their funds to recruit more health workers to join in the fight.
8. Close monitoring of community pharmacies, patent medicine vendors and traditional medicine practitioners should be carried out by the appropriate government regulatory departments and

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agencies to make sure they are adhering to the guidelines with regards to prevention of COVID-19

9. Transparency of the funding mechanism with a high level of accountability. Every relevant stakeholder should be aware of how much fund was requested, what was approved, what was released and the outcome of the activity that was funded.

10. Risk Communication and community engagement efforts should be increased and targeted at changing behaviour patterns that are fueling the spread.

11. Encouragement of heads of health facilities to be resilient in creating the enabling environment for their health workers to provide quality health care services to patients in a courteous manner. Hotlines should be displayed in prominent places so that complaints from patients and clients can be received and addressed promptly.

12. COVID-19 patients who have been discharged and willing should be identified and appointed as COVID-19 Ambassadors. They will tell their stories to create awareness about the disease to help fight stigmatisation.

13. Action on all cases of VAWG that have been charged to court should be expedited by the Police Force and the Judiciary as well as strengthening of the family courts that have been specially established to handle cases of VAWG. Furthermore, all cases of VAWG reported to the Police should be compiled and circulated periodically to the three arms of government namely, the Executive, Legislature and the Judiciary to highlight the magnitude of the problem.

14. Plans to mainstream COVID-19 activities into routine care should be implemented to enable a more cost-effective response. When a weakness in the health system is identified, a response should be initiated that would lead to health system strengthening and ensure sustainability and institutionalization of lessons learned when the pandemic is over.

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