

Maintaining access to existing community outreach health services during COVID-19 through public-private partnership

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Background

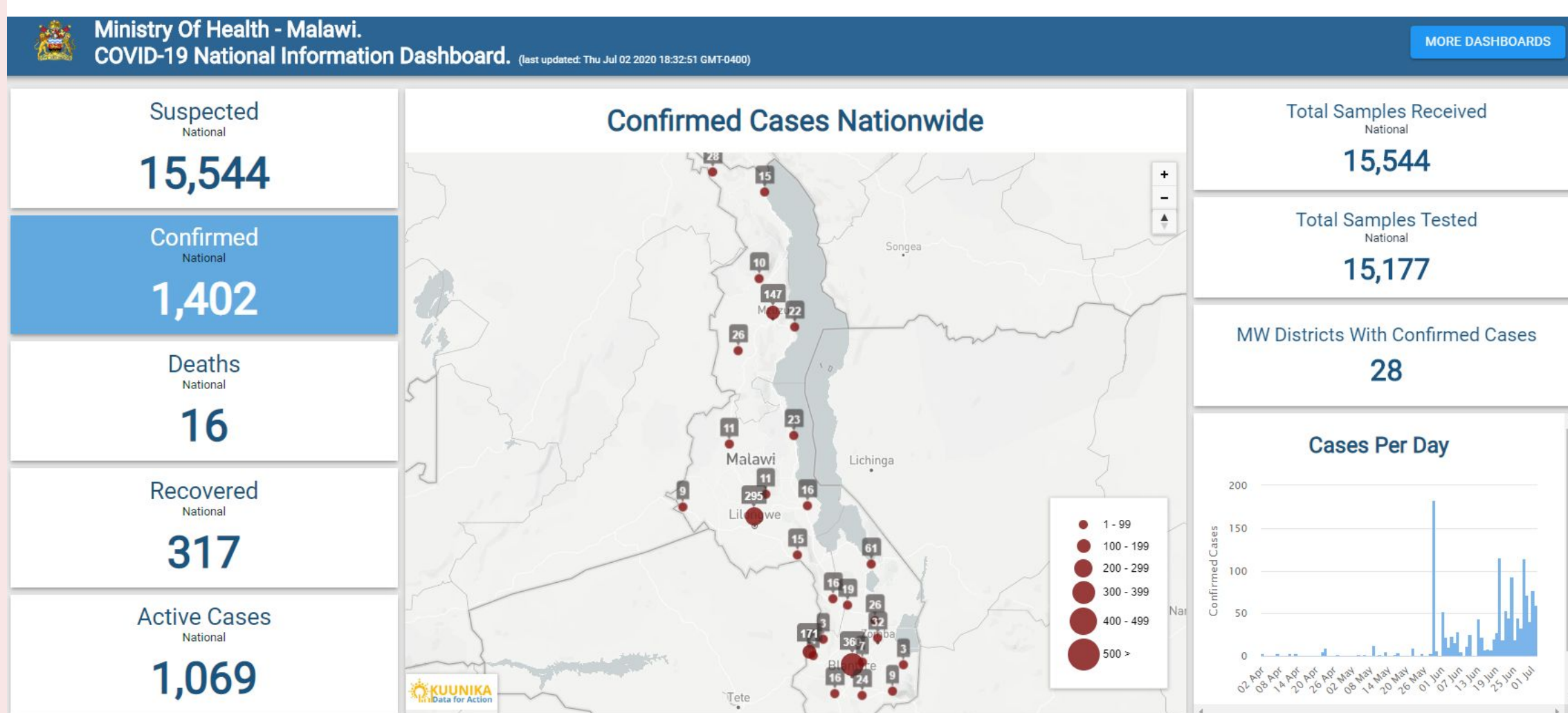
Southwest Malawi is a remote, rural area with an adult HIV prevalence of 16% and endemic malaria where residents walk on average 10 kilometers to reach the nearest fixed health facility, leaving them vulnerable to crises like HIV and the COVID-19 pandemic.

GAIA, a local non-governmental organization, operates mobile outreach clinics, in a public-private partnership with the Mulanje and Phalombe District Health Offices (DHO) since 2008 to improve access to basic healthcare services and integrated HIV care. **Six clinics** currently provide care at **30 sites** across **two districts** weekly. These clinics serve two of the top five counties estimated to be at highest risk for COVID-19 nationwide (based on population density, seasonal migration, population >65 data analysis from The Kuunika Project: Data for Action).

The Malawi Government responded swiftly to the COVID-19 pandemic prior to the first case being confirmed in the country on April 2nd.

- A national disaster was declared on 23 March 2020
 - Schools and Universities were closed
 - public gatherings were limited to 100 people
 - in-country travel was restricted
 - health screenings were initiated at country borders. On 1 April, the borders were closed.
- The government initiated a wide spread prevention campaign, promoting social distancing, handwashing, and sheltering at home as much as possible.
- A 21-day country-wide lockdown was planned to start 18 April, but it was blocked by court injunction when human rights groups argued that it could result in a serious or life-threatening burden on the millions of Malawian who rely on daily wages to feed themselves.
- Confirmed cases remained relatively low through May, likely due to limited testing capacity, but in June community transmission was evident.
- As of 2 July, Malawi had 13 testing sites and 15,544 suspected cases. They had tested 15,177 and 1,402 were positive, a high positive test rate of 9.2% and 16 confirmed deaths. (See Figure 1 below)

Figure A



Source: <https://covid19.health.gov.mw/>, Accessed July 2, 2020

Program Description

During the COVID19 pandemic, GAIA is supporting the DHOs by:

- Protecting GAIA mobile clinic operations by providing vital personal protective equipment (PPE) for mobile clinic staff
- Protecting local government health facility operations by directly providing PPE and cash support to purchase other essential supplies for the districts' health personnel
- Adding health and lay personnel at its mobile outreach clinics to manage patient flow, social distancing, hand hygiene, separate potentially infectious individuals, and reduce waiting times
- Increasing awareness through information, education and communication (IEC) strategies for the 1.1 million clinic catchment area residents on COVID-19 prevention, hand hygiene, social distancing and masking
- Directly delivering essential COVID-19 prevention supplies, including 25,000 locally-tailored masks, 10,000 water stations and soap for 2,000 high risk households
- Supporting government contact notification and tracing efforts.



GAIA Mobile clinic staff in full PPE



Local tailors sewing cloth face masks



Elderly women using handwashing stations and soap before being seen at a mobile clinic site

Results and Lessons Learned

Results

- From January through the end of May 2020, GAIA has been able to maintain access to essential services with a comparable client volume overall (124,835) compared to the same period in 2019 (119,491) (Figure B).
- Client visits during this period were significantly higher in 2020 (31,922) compared with 2019 (17,665) for Malaria (Figure C).
- Client visits for voluntary and provider initiated Testing and Counseling did decrease in April (Figure D). We hypothesize that this is due to both supply side (client volume overall, increased visit length due to infection prevention measures) and demand side (decrease in demand for non communicable disease care and preventative care).
- Client visits for respiratory conditions declined over the whole period whereas it was flat in 2019, however the trend is quite similar (Figure E). We hypothesize that this could be the result of social distancing and limiting interaction in large groups and with large numbers of people.

Lessons Learned

Keys to GAIA's success:

- A longstanding partnership with the local government and particularly the District Health Offices
- Over a decade of work in the communities we serve which has built lasting community trust and enduring, productive relationships with community leaders.

In the current COVID-19 crisis, we work to support government efforts:

- To contain and mitigate COVID-19
- To maintain access to essential health services and avoid losing ground against HIV, malaria, and other illnesses

To achieve this GAIA:

- Meets regularly with the DHO to reassess services provided and clinic sites in order to meet community needs
- Participates in weekly meetings with the government district COVID-19 response teams which coordinate the work of actors (including other NGOs) to avoid duplication of efforts and to assure all are acting with the most current information and guidance in a rapidly evolving epidemic.

Figure B

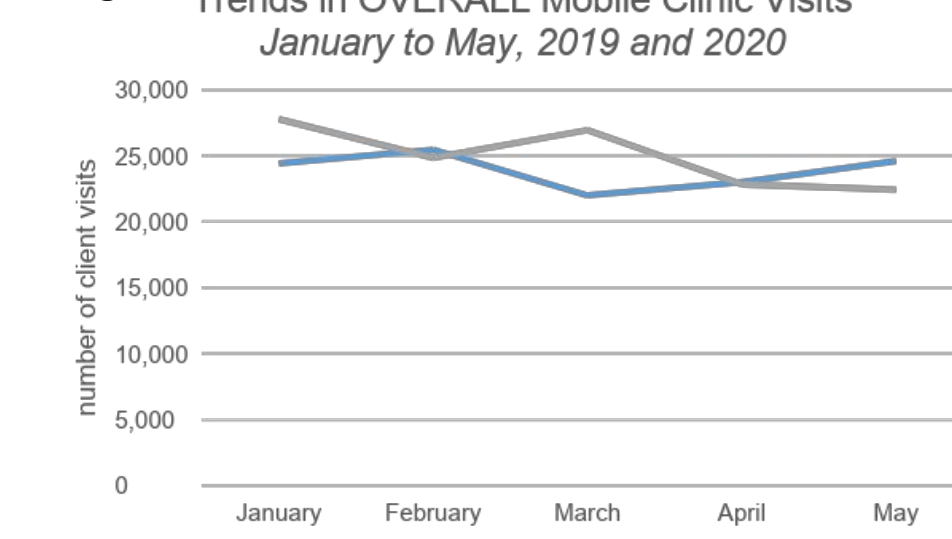


Figure C

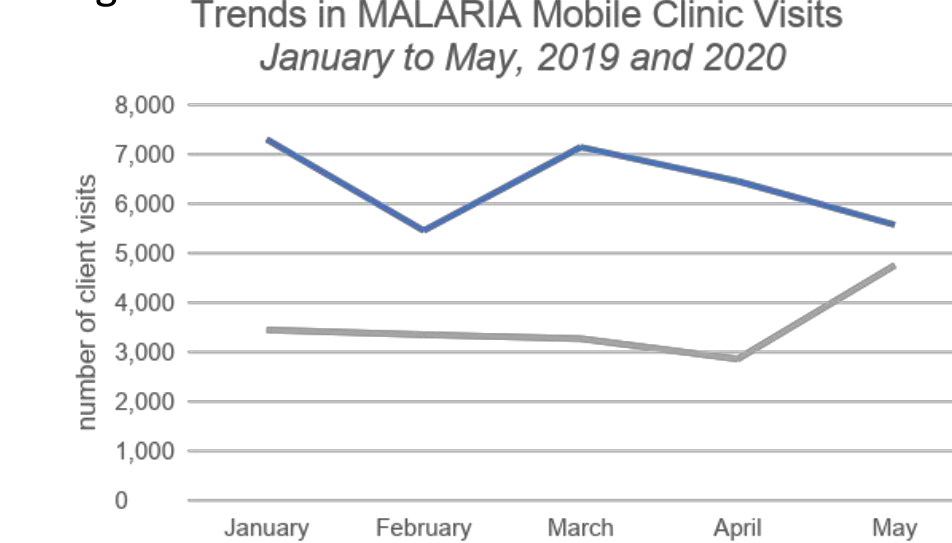


Figure D

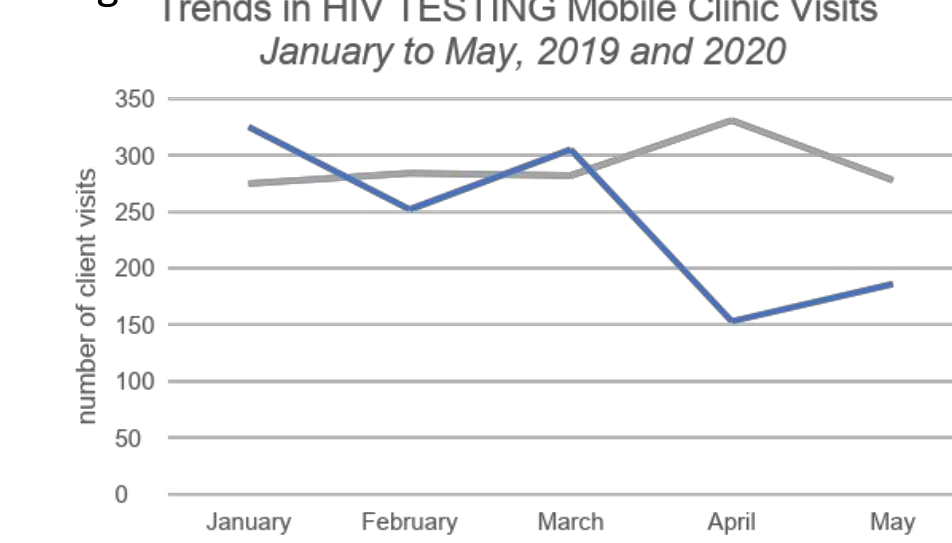
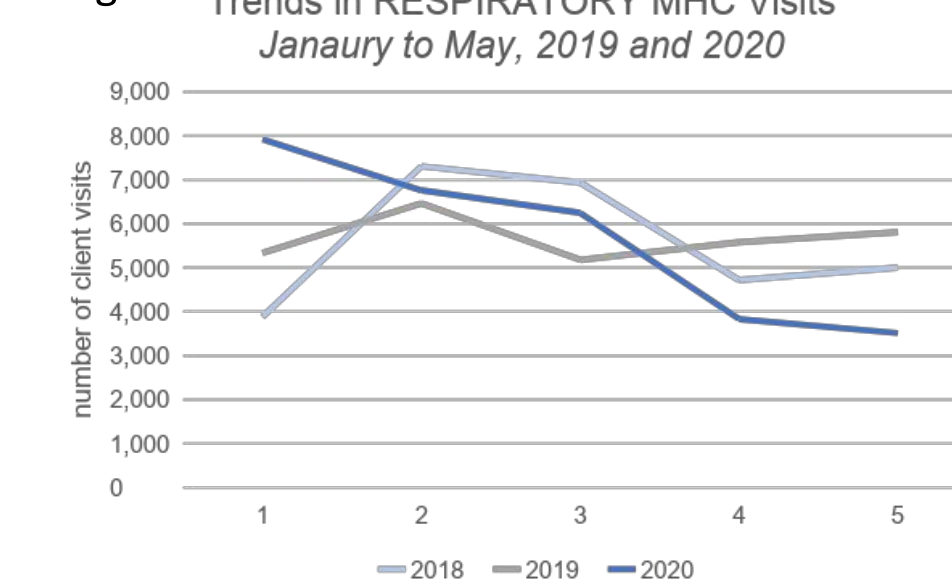


Figure E



Conclusions

Conclusions:

In the absence of a government lockdown, and with extremely limited ability to manage a surge of hospital patients (17 ventilators and 25 ICU beds nationwide) it is critical for organizations like GAIA to stop the spread of COVID-19 by protecting health workers, supporting IEC, expanding access to handwashing stations, masking the population, and supporting government efforts for widespread testing, contact tracing, and positive case isolation. Close collaboration with District Health Offices can ensure efficient and effective use of resources in the face of a health crisis like COVID-19.



A nurse conducts expanded vitals checks for all clients attending the mobile clinics

Acknowledgements

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- This rapid response was made possible by two groups of donors: those that provide ongoing funding to the core programs upon which the COVID response was built, and those that added urgent supplemental funding for the programs described here. Zikomo kwambiri!