Essential sexual & reproductive health services
Cervical cancer prevention & care

RESPONSE TO COVID-19
SOUTH AFRICA & AFRICA

Prof Greta Dreyer

Credit: NIAID-RML
Themes

• Relative importance in times of epidemic / pandemic
• Defining urgency and importance of services
• Ensuring safety of continued service delivery
• Ensuring sustainability of service delivery
• From Africa to Africa: strengths & weaknesses
• From World to Africa: global contribution
RELATIVE IMPORTANCE OF OTHER HEALTH CARE PRIORITIES DURING AN EPIDEMIC - rationale

• HARM CASUED BY “THE OTHER” HEALTH INTERVENTION
  – How much does it interfere with the care of the epidemic?
  – How much does it contribute to spread of the disease?

• GAIN FROM “THE OTHER” INTERVENTION
  – How much does it help the population?
    • Determines the importance
  – What is the time frame of this effect: immediate or longer term?
    • Determines urgency

• HARM CAUSED IF THE OTHER INTERVENTION IS OMITTED
  – Loss of life, reduced QOL, loss of health due to “the other” disease – shorter term
  – Loss of expertise, momentum, political priority and long term harm to programme

• GAIN IF THE OTHER INTERVENTION IS OMITTED
  – Improved care and outcomes for victims of “the epidemic”
  – Free more staff, space, money or capacity in facilities
DEFINING URGENCY AND IMPORTANCE OF SEXUAL & REPRODUCTIVE HEALTH SERVICES IN AFRICA

- **Prevalence** and age distribution of the non-epidemic diseases
  - Cervical cancer, unwanted pregnancy, STI
  - Social conditions, gender based violence, IPV, etc.

**Prevalence of cervical cancer:**
*Estimated number of cases*
DEFINING URGENCY AND IMPORTANCE OF SEXUAL & REPRODUCTIVE HEALTH SERVICES IN AFRICA

• Prevalence and age distribution of the non-epidemic diseases
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RELATIVE IMPORTANCE TO CONTINUE SEXUAL REPRODUCTIVE SERVICES IN AFRICA

- Existing effectiveness, screening and treatment ability
  - Effectiveness of detection & pre-cancer treatment
  - Cancer detection in the programme and cancer treatment

![Bar chart showing prevalence by age group and lesion type](chart.png)
RELATIVE IMPORTANCE TO CONTINUE SEXUAL REPRODUCTIVE SERVICES IN AFRICA

• Local COVID-19 epidemic size and importance
  – Local health care capacity, scale-up ability, staffing
  – Age distribution demographics, co-morbidities

• Woman’s reproductive health care and rights record
  – Potential impact of loss of focus in long term
  – Catch-up ability, alternative models eg. pharmacies for C/C
SAFETY & SUSTAINABILITY of SEXUAL & REPRODUCTIVE SERVICES during COVID-19 EPIDEMIC

FOCUS:

• Obstetrics, contraception, cancer diagnosis & care continue as frontline essential services

• Identify cases with active COVID-19 disease and evaluate severity

• Develop guidance for appropriate PPE according to risk to improve healthcare worker safety

• Prepare inpatient and outpatient facilities to separate patients from others and from HCWs as far as possible

• Meticulous cleaning of surfaces, equipment, hands etc between patients
SAFETY & SUSTAINABILITY of SEXUAL & REPRODUCTIVE SERVICES during COVID-19 EPIDEMIC

PRINCIPLES:

• Optimal management of the severely ill

• Protection of health care workers against viral infection

• Prevention of nosocomial SARS CoV-2 infection
Optimal care of O&G PATIENTS with COVID-19:

- **Mild disease** is managed at home with monitoring for deterioration.
- **Severe disease** necessitates strict monitoring and supportive multidisciplinary care.

- **Route of delivery** is determined by obstetric factors, using appropriate PPE.
- **Breast feeding** and rooming-in is recommended provided the maternal condition allows.

- Simultaneous investigation and treatment for COVID-19 and the **most probable alternative disease** is recommended while awaiting confirmation.
Protecting HEALTH CARE WORKERS against SARS CoV-2:

- Health care workers are most at risk and need protection to prevent loss of the essential work force and loss of life.
- Staff at risk of severe disease should not work in high risk areas and all health workers must wear appropriate full PPE in these areas.
- All HCWs should wear a mask at all times when in contact with patients, the community and fellow staff.
- The threshold for testing HCWs for SARS CoV-2 should be very low.
Protecting UNINFECTED PATIENTS against nosocomial infection:

• **Hospitals are infection hotspots** and precautions must be more vigilant than elsewhere
• PUI’s, confirmed cases and negative cases must be **separated**

• **Universal precautions** against spread is essential in all health care facilities due to unrecognized cases
• **Susceptible patients** must be kept out of health care facilities if service is not essential, or urgent

• Everyone in health care facilities must permanently **wear a mask** and at least when within 2m of any other person
• All planned **admissions must be screened and tested** if possible before admission, emergencies at the time of admission
PROTECTIVE EQUIPMENT in SRH or O&G:

- Diagnostic swabbing, deliveries, general anaesthetic and intubation are all considered **high risk for transmission** of airborne pathogens

- **Dedicated theatre and delivery rooms** should be allocated to suspected or positive cases

- **Terminal cleaning** must be done before COVID-rooms are used for an unconfirmed case

- **PPE guidelines** vary according to the risk profile of the patient and procedure

- All patients should be considered positive and **universal protection** is paramount

- All staff and patients should wear **face cover at all times**
INFLUENCE OF PAST EXPERIENCE

From AFRICA to AFRICA

- Extensive experience with competing health priorities
  - Eg HIV epidemic, measles, etc
- Extensive experience with highly contagious virus epidemics
- Innovative HCW & lab workers, scientists
- Tolerant, resilient, robust, young populations
- Unique socio-economic & disease profile, etc

From WORLD to AFRICA

- The virus…
- Some experience about containment
- Virus sequence, PCR tests, etc
- Guidelines & recommendations & data
- PPE, donations, HCWs, NGOs, know-how
- Digital communication & technology
- Uncertainty & fear & social media messages
CONCLUSIVE REMARKS

• Pandemics come and then go therefore **short, medium and long term** plans needed

• Everyone has to think like **public health specialist**...
CONCLUSIVE REMARKS

• Limit the damage done by the viral disease
  – HCW exposure, disease and morbidity/mortality

• Limit the collateral damage on SRH-services
  – Interruption of momentum and on long term service delivery

• Limit the collateral damage on “other” disease outcomes
  – Cervical cancer diagnosis and care
  – Pregnancy care and outcomes

• Limit the collateral damage on “social” outcomes
  – Unwanted pregnancy
  – Intimate partner and domestic violence