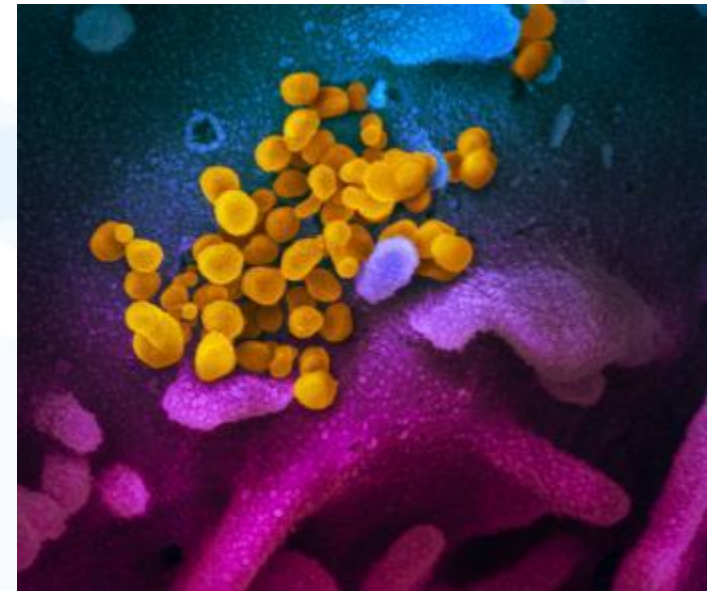


Essential sexual & reproductive health services

Cervical cancer prevention & care

RESPONSE TO COVID-19 SOUTH AFRICA & AFRICA

Prof Greta Dreyer



Credit: NIAID-RML



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health

Department:
Health
REPUBLIC OF SOUTH AFRICA

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



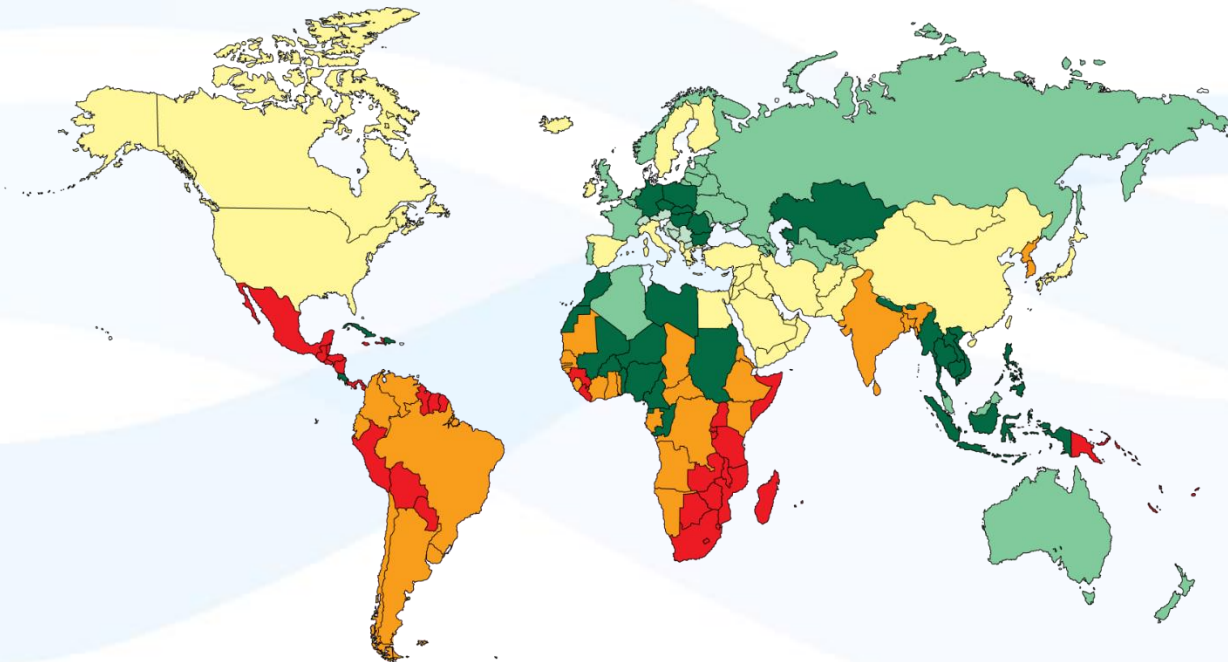
RELATIVE IMPORTANCE OF OTHER HEALTH CARE PRIORITIES DURING AN EPIDEMIC - rationale

- 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.

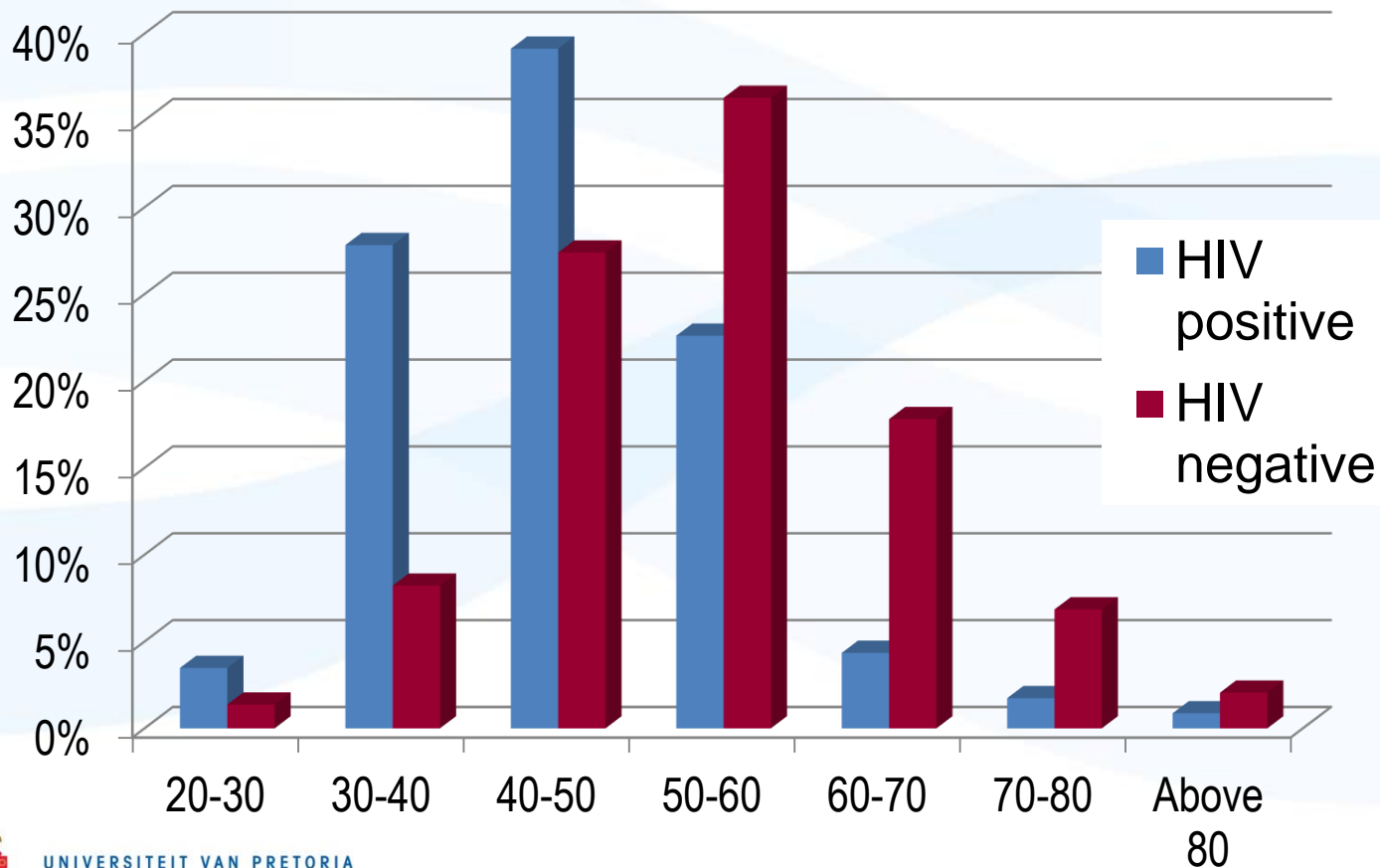


*Prevalence of cervical cancer:
Estimated number of cases*



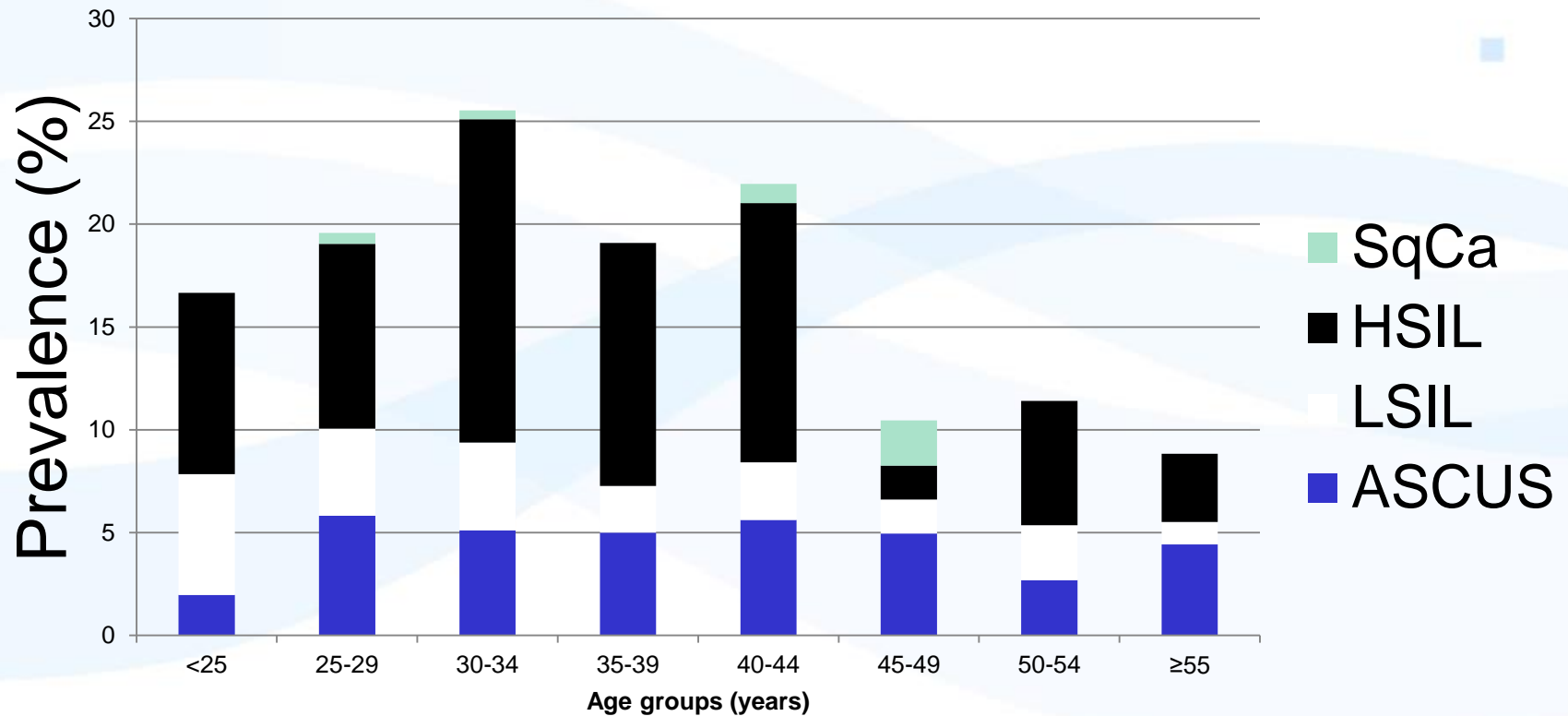
DEFINING URGENCY AND IMPORTANCE OF SEXUAL & REPRODUCTIVE HEALTH SERVICES IN AFRICA

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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



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 health care 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

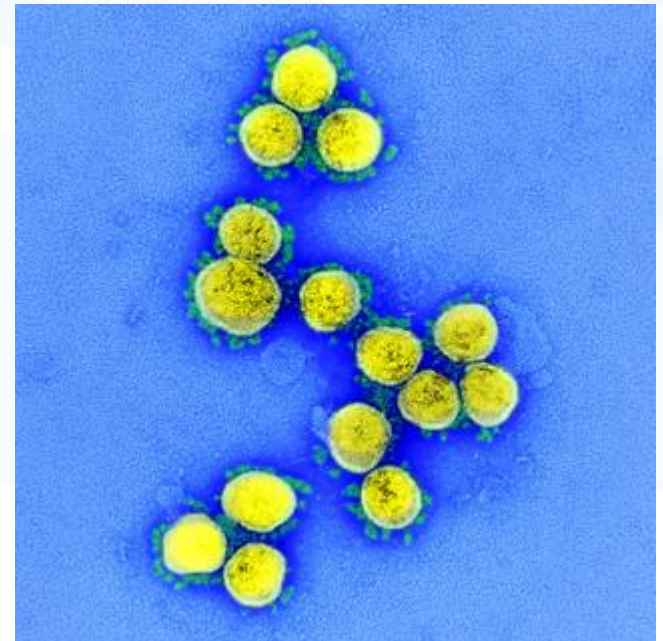
Half-way through the LEEP Procedure
Notice that the specimen includes the abnormal-appearing tissue



SAFETY & SUSTAINABILITY of SEXUAL & REPRODUCTIVE SERVICES during COVID-19 EPIDEMIC

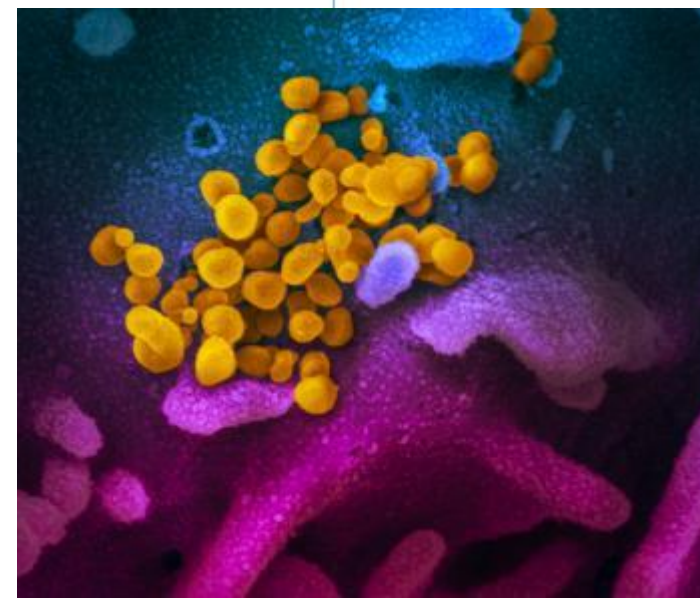
PRINCIPLES:

- 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**



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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

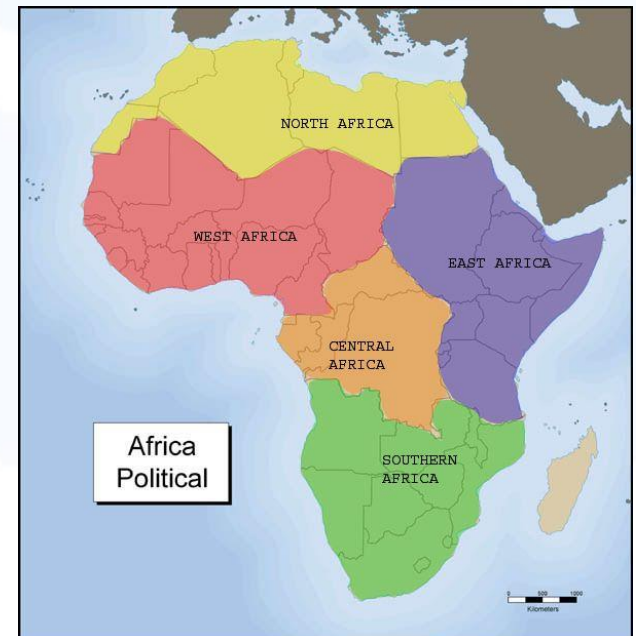
From WORLD to AFRICA

- 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

