Outbreaks Start and Stop in Communities: Community Health Workers in an Age of Pandemics

Raj Panjabi, MD, MPH

CEO, Last Mile Health
Assistant Professor, Harvard Medical School
Associate Physician, Brigham & Women’s Hospital

Lessons from Africa: Building Resilience through Community-Based Health Systems
Wilson Center

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WORLD GOES ON RED ALERT
3. In the last three weeks, have you cared for anyone who was very ill, nauseous, vomiting, bleeding?

- Yes
- No
Number of Confirmed Ebola Cases/Day up to 9th May 2015
as moving average per day in the last 21 days
INVESTING IN PEOPLE CLOSEST TO THE PROBLEM IS THE ROOT OF RESILIENCE
Epidemics don’t only threaten our immune systems, they can devastate our health systems.

<table>
<thead>
<tr>
<th>Country</th>
<th>% Increase</th>
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<tbody>
<tr>
<td>Guinea</td>
<td>45%</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>88%</td>
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<tr>
<td>Liberia</td>
<td>140%</td>
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- The **50% reduction in access to healthcare services** because of Ebola caused an estimated **10,600 additional deaths** due to untreated conditions in Guinea, Liberia, and Sierra Leone.
- Loss of doctors, nurses, and midwives from Guinea, Liberia, and Sierra Leone estimated to have led to an approximately **75% increase in maternal mortality** across the countries, ranging from a 38% increase in Guinea to an 111% increase in Liberia.
- 17,300 children lost one or both parents to Ebola, more than **33 weeks of education** were lost due to school closures, and there was a **30% decline in childhood vaccination coverage**.


Courtesy of Wendy Taylor
Facility-based Delivery

Nationally, Liberia experienced a 3X decrease in facility-based delivery.
In Konobo, the facility-based delivery rate remained high, dropping by just 3%.
In Konobo, integrated community case management (iCCM) services were sustained throughout the course of the outbreak.

Progress to Date: 
Liberia’s National Community Health Assistant Program

3.6 Million
Home visits conducted including 229,562 pregnancy home visits

80%
Percentage of community health workforce deployed through the National Community Health Assistant Program

1.1 Million
Cases of malaria, pneumonia, and diarrhea treated, and malnutrition cases screened in children under 5

3,777
Digitally empowered community and frontline health workers

363
Community clinics staffed by frontline health workers

299,037
Pregnancy home visits conducted

4,914
Potential epidemic cases reported

186,788
Women with access to family planning
THE BEST EMERGENCY SYSTEM IS AN EVERYDAY SYSTEM THAT CAN SURGE IN A CRISIS
COVID19 CHALLENGE 1: HOW TO ACHIEVE RAPID & SUSTAIN VIRAL SUPPRESSION?

Source: Adapted from Resolve To Save Lives
COVID19 CHALLENGE 2: HOW TO PREVENT PRIMARY HEALTHCARE SYSTEM COLLAPSE?

GFF leaders warn of emerging secondary global health crisis from disruptions in primary health care due to COVID-19

Community health workers help primary health systems detect COVID-19 cases, trace contacts, and sustain essential health services.

<table>
<thead>
<tr>
<th>Roles for community health workers in COVID19 screening, testing and tracing – and sustaining essential health and immunization services.</th>
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<tbody>
<tr>
<td>DETECT COVID19</td>
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<td>- Community health workers equipped with appropriate PPE</td>
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<tr>
<td>conduct door-to-door screening for symptoms of COVID19</td>
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<td>- Ex: In South Africa they have screened over 11M people (~20%</td>
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<td>of population) for COVID symptoms.</td>
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<td>TRACE CONTACTS</td>
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<tr>
<td>- Community health workers carry out contact tracing; support</td>
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<td>isolation, monitor patients for clinical deterioration</td>
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<td>- Ex: In Ethiopia they have traced thousands, with support from</td>
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<td>rapid response teams and mobile apps.</td>
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<td>SUSTAIN PRIMARY CARE</td>
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<td>- Community health workers trained on updated safe protocols</td>
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<td>to sustain services like malaria care &amp; vaccines</td>
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<td>- Ex: In Liberia, they test and treat ~50% of rural children</td>
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<td>with malaria – which has been sustained during COVID19.</td>
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Call To Action