

COVID-19 Resources

Last updated March 19, 2020

Community Health Impact Coalition members are sharing COVID19 explainers, internal policies, clinical protocols, & more live on this doc. It is free for anyone to edit & use.

Please contribute!

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COVID-19 Resources

Info Links

Constantly Updated Situation Reports

1. [WHO COVID-19 Resource Page](#)
Also includes helpful [rolling event summary](#)
2. [CDC Coronavirus Disease 2019 \(COVID-19\) Situation Summary](#)
Official CDC updates on COVID-19 spread and response
3. [New York Times Coronavirus Live Updates](#)
Running summary of the latest news on coronavirus spread and impact around the world.
4. Worth noting that many larger municipalities also have local info - e.g. [this](#) for NYC, USA
5. Funding landscape: [Summary](#) (managed by CHAP) of all funding commitments thus far with a split (as feasibly possible) by LIC focus, R&D & WHO [Please add & edit]
 - a. <https://covid19responsefund.org/>
 - b. [WHO-UNF COVID-19 Solidarity Response Fund](#)
 - c. [KFF resource tracker](#)

COVID-19 Explainers

- [Imperial College Modeling](#)
Two fundamental strategies are possible: (a) **mitigation**, which focuses on slowing but not necessarily stopping epidemic spread – reducing peak healthcare demand while protecting those most at risk of severe disease from infection, and (b) **suppression**, which aims to reverse epidemic growth, reducing case numbers to low levels and maintaining that situation indefinitely.



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- **Mitigation** (all symptomatic cases in isolation, families of those cases quarantined, over 70 social distancing.): Flattens the curve -- but not nearly enough. The death rate from the disease is cut in half, but it still kills 1.1 million Americans all by itself. The peak need for ventilators falls by two-thirds, but it still exceeds the number of ventilators in the US by 8 times.
 - **Suppression** (isolate symptomatic cases, quarantine their family members, social distancing for the whole population, all public gatherings/most workplaces shut down, schools and universities close): The death rate in the US peaks 3 weeks from now at a few thousand deaths, then goes down. We hit but don't exceed the number of available ventilators. The nightmarish death tolls from the rest of the study disappear. CATCH: if we EVER relax suppression before a vaccine is administered to the entire population, COVID-19 comes right back and kills millions of Americans in a few months, the same as before
-
- [FAQ by Harvard Infectious Disease Specialist Megan Murray](#)
The basics
 - [The importance of acting now](#)
Charts used to great effect to explain why coronavirus is coming to you and why your HS will be overwhelmed, and what we can do about it NOW
 - [Equity implications of the pandemic](#)
How Coronavirus will disproportionately affect the poor & vulnerable
 - [If you are sick](#)
Guidance from CDC

Public Communications

- [PIH graphics for social media](#)
Fantastic for orgs to share
- [WHO Myth buster graphics](#)
COVID-19 advice for the public: Myth busters - also shareable on social
- [WHO Advice for Public](#)
- [If you are sick](#)



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Infographic from CDC on home management

Helpful Articles & Blog Posts

- [How We Fought Ebola with Information](#)
Lessons learned from the collection, management, analysis, and use of data and digital health solutions during the Ebola outbreak response.
- [As coronavirus spreads, the bill for our public health failures is due](#)
Richard E. Besser (former CDC director) laments that lack of funding and quick reactions risks inflicting a vastly larger death and economic toll in the US and globally
- [Quarantined at home now, U.S. scientist describes his visit to China's hot zone](#)
Clifford Lane who took part in WHO review of China's response, details the dynamism and agility of the Chinese authorities in fighting the outbreak
- [COVID-19 and artificial intelligence: protecting health-care workers and curbing the spread](#)
Becky McCall, The Lancet Digital Health, explains that It is still too early to tell if AI will have an impact on the COVID-19 outbreak but one thing is certain, AI is relevant to this outbreak and in the future it will become even more so and AI is one part of the final understanding.
- [The Ominous Days Leading Up to the Coronavirus Outbreak at Lifecare Center in Kirkland](#)
A sobering and jaw-dropping account of how the initial COVID-19 cases at the nursing home serving as the outbreak's epicenter near Seattle, USA were handled (and mishandled). While this outbreak is occurring in a high-income country, there are important lessons here for all countries re: health worker communication, interagency communication, patient and caregiver education, infection control, etc. The observations by the emergency responders (firefighters) re: the sharp uptick in respiratory illness calls are a reminder that data matter -- and watching the data matters even more.
- [Global Digital Health Solutions for International Coronavirus Response](#)
10 highlighted solutions from a ever-growing list of potential digital health solutions, categorized by prevention, diagnosis, and treatment



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- [What countries are doing to fight COVID](#)
Dr. Tedros Adhanom Ghebreyesus, WHO, lists 9 measures as countries step up their containment and preparedness to stop & slow transmission of COVID19.
- [Digital Health Strategies used for Control and Prevention of COVID-19](#)
Daniel Otzoy, Coordinator of The Central American Health Informatics Network, shares about some Digital Health strategies to use for control and prevention of this emergency and he invites readers to join for collecting information about DH interventions in Latin American countries.
- [Observations from the Hot Zone](#)
Emily from VR on outbreak in Seattle
- [Institute for Disease Modeling: COVID-19 InfoHub](#)
Aggregate site with preliminary analyses, summary information, map of case counts, and running list of resources.
- Learnings from Wuhan:
 - [Excellent ppt that describes the importance of centralized and strategic quarantining](#)
 - [Published paper](#)

Webinars

Upcoming

- **March 19 @ 4pm ET: The Impact of Coronavirus on Malnutrition and the Public Health System**
 - a. Speakers include Rev. David Beckmann, president of Bread for the World; Asma Lateef, director of Bread for the World Institute; and Rev. Eugene Cho, president-elect of Bread for the World. The webinar will take place this Thursday, March 19 at 4pm Eastern. Register: https://webinar.ringcentral.com/webinar/register/WN_iKX7zqcsTdODv6Q9yn77Xw
- **March 19 @ 4:45 p.m. to 5:30 p.m. EST: PHR's medical director Dr. Michele Heisler & Laurie Garrett - briefing webinar on science-driven solutions for combating COVID-19.**



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- a. Register: <https://email.phr.org/4GV7-9ZYH-3CN0D9-7X3X4-1/c.aspx>
- **Mar 20th @ 9:00-10:00am ET COVID-19 Response in Low-Resource Settings**
 - a. Live stream: <https://partners.zoom.us/j/404493789>
- **March 20 @ 10:00 AM - 11:00 AM EDT: COVID-19 Global Pandemic Response: Civil Society Coordination Call and Needs Assessment**
 - a. Register:
<https://www.eventbrite.com/e/covid-19-global-pandemic-response-civil-society-coordination-call-tickets-100185682072>

Regular

- **Weekly on Thursday (March 19, March, 26, April 2...July 23, July 30 etc.) @ 1pm Eastern Africa Time: Africa CDC Webinar for Clinical Care of COVID-19 (**
 - a.—This is the Africa CDC Institute for Workforce Development (IWD) Clinical Community of Practice (CCoP) weekly webinar to build emergency COVID-19 capacity -- a virtual community of practice, bringing doctors and clinical providers together over the internet to learn as a community about how best to diagnose, manage, and treat patients with COVID-19.
https://zoom.us/webinar/register/WN_JrxGGP7eSJGDfr3d1h9ZOW

Pre-recorded

- [PIH's COVID-19 Guide](#)
- [COVID-19 - Is your health center ready?](#) (Weitzman Institute)
- [Coronavirus \(COVID-19\) Preparedness and Response for Primary Care Providers](#) (NNCC)

How we are responding internally

Most members have put in place the following internal policies - feel free to reach out to any orgs listed to ask them to paste more info/details into the doc:

Travel



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1. **Halted non-essential travel and/or travel through [WHO](#) or [CDC](#) flagged countries and/or from USA** (incl. tracking all planned travel for next 2 months to assess risk levels.
 - a. Any individual who has travelled to, from or through a currently Restricted Area—or to a place where a new travel restriction is placed within a week after returning from travel—must self-quarantine at home for 14 days, even if symptom free. Longer self-quarantines may be necessary for those who are sick until symptom free.
 - b. If traveling between two countries that have no confirmed cases (e.g. between Kenya and Uganda), staff must still submit a travel request form.
 - c. Contacts: PIH, PIVOT, LMH, LG, VR, IH

Employee Health & Wellness

2. **Team members in high-incidence areas working from home** (incl. providing necessary support and guidance to holding remote meetings
 - a. Contacts:PIH, PIVOT, LMH, Muso, LG, IH, VR, Possible
3. **Team members told to stay home if sick & provisions made to pay those who have used up their sick day allowance**
 - a. [See example staff safety policy \(Lwala working doc\)](#)
 - b. [Rights, Roles and Responsibilities, including occupational safety & health, of health workers](#) (WHO)
 - c. Contacts: Lwala, LG, IH, VR
4. **Reinforcing mental health support**, esp. for quarantined Co-workers. [Advice for mental health and coping](#) (CDC).
 - a. Contact: LMH (we are using [Konterra](#), a mental health remote provider)
 - b. [Briefing Note: Addressing mental health and psychosocial aspects of COVID-19 Outbreak](#)
5. **Ensuring collectively-used spaces follow [Environmental Cleaning and Disinfection Recommendations](#)**



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Rapid Response

6. **Developed a cross organizational COVID-19 working group** of, e.g., Medical Directors, HR, Exec Team, Operations at country levels. Meet daily to assess developments around transmission at each of our country contexts and to ensure clear information and communication to staff each day.
 - a. Example of [an all-staff briefing that can be modified](#) (VillageReach)
 - b. Contacts: LMH, LG, IH

[See example of a cross-cutting protocol for the above \(Wuqu' Kawoq institutional administrative protocol -Spanish\)](#)

How we are supporting our Ministries of Health

Coalition member org staff embedded in Ministries of Health will aid our government partners in designing and implementing national plans, as well as securing international funding. **In most counties in which we work, this is a crucial window of time to prevent or significantly slow the spread of COVID-19. That can only be achieved with widespread COVID-19 testing.**

Unfortunately, the current, WHO-approved testing method (called PCR) detects the actual novel coronavirus through a nasal swab, oral swab, or sputum. But it requires advanced laboratory capability that often does not exist in the countries where most Coalition member orgs works.

But, new [COVID-19 rapid tests](#) (15 minutes) have been developed that can be used easily by highly-trained community health workers to find and isolate cases. These will allow testing to move from facilities and into communities themselves (A longer explanation of the tests starts at 14:20 in [this video](#))



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4- Pronged Strategy:

- **TEST:**
 - Protect our patients, communities and staff against COVID-19 through the initiation of safe testing, triage, and isolation
- **TREAT:**
 - Provide dignified, high quality care for patients at PIH-supported facilities in the context of COVID-19
- **TRACE:**
 - Leverage PIH's network of skilled Community Health Workers to conduct contact tracing in PIH catchment areas
- **ACCOMPANY:**
 - Accompany Ministry of Health colleagues to support government response in each care delivery site and advocate for long-term health systems funding globally



- LMH:
 - a. With MoH: We are working closely with the Liberia National Public Health Institute to closely track preventative and monitoring measures as well as understand and advocate for the role CHA's and CHSS' will play in the response, particularly on disease surveillance (CEBS) and health education and prevention (handwashing buckets and soap) at the community level
 - b. Also working on some potential advocacy around connection between Ebola preparedness/lessons and COVID-19 due to interest with the Liberia MoH and others (we will asses more of this in the coming weeks)
- Lwala
 - a. We're on a newly formed county taskforce, using WHO templates to support preparation. This is super early stage & we are trying to gather resources for MOH to build from.
 - b. We'll be supporting county MOH to develop CHW protocol
- VillageReach
 - a. Working with MoH in Malawi to see how our Health Center by Phone can support circulating information/guidance about COVID. Also coordinating rapid response plans with MoH in DRC and Mozambique
- Praekelt
 - a. Working on NICD helpline - 20k calls a day. Many asking for info rather than triage (what it was set up for). Praekelt.org is working on digital responses to the COVID-19 pandemic including the National Department of Health's official



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informational. Click on this link and send the 'hi' message

<https://wa.me/27600123456?text=hi> to view the official NDOH service. See [Health Alert](#) system alternative

- PIVOT
 - a. Securing Test supplies, PPE - orders and get MOH approval. Give bulk to MOH
- Muso
 - a. Cote d'Ivoire + Mali response support - proactive case detection and monitoring
- Medic
 - a. [Statement on Medic's Response](#)
 - b. Second staff to MOH in context of existing partnerships
 - c. Funder outreach - latch on to integrated systems
 - d. **We're coordinating with the wider digital health community**
 - We've also been coordinating with the wider digital health community, and we're seeing a similar pragmatism around wanting to build on systems that have already been deployed and can be adapted/strengthened. I've been in touch with folks from Dimagi about their concept note on [CommCare for the COVID response](#), and we're reviewing the [info the DHIS2 community just shared](#), and trying to figure out where we can share content, ideas, and coordinate. The CHT was featured in an ICTWorks post as one of [10 digital health solutions for the COVID response 2](#), and some people from Medic will soon be participating in [COVID response workshops facilitated by the Global Digital Health Network](#). The spirit of cooperation and solidarity in this agenda is deeply heartening. *For more see [CHT](#)*
- Integrate Health
 - a. We are working closely with the MOH at national and regional levels. Supported development of national preparedness plan. We have shared our preparedness plan with regional MOH contacts. We are convening local and regional and decision-makers to disseminate information.
 - b. CHWs sharing education messaging at each home visit.
 - c. [Integrate Health Preparedness Plan](#)



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What we are doing together as a Coalition

Sharing Clinical Protocols/Curriculum

- [DRAFT Testing, Contact Tracing and Community Management of COVID-19](#) (English, Partners in Health)
- INTERIM [Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts](#) (WHO)
- Muso (French) to share links to **CHW protocols** this week (ending March 20th)
- [WHO - Just In Time Online Training on COVID and Infection Control](#)
The training is intended:
For other relevant stakeholders, including partners, donors and civil society
To support national readiness and preparedness for COVID-19
To help countries increase their capacity to respond to COVID-19
To increase international coordination for response and preparedness
To streamline the process of coordinating resources and assessing country preparedness level
- [USAID Global Health Supply Team COVID-19 Brief](#)
Provides GHSC-PSM response support and contact information plus details on the COVID-19 testing requirements and workflow.
- [Health Worker Exposure & Assessment Toolkit](#)

Advocacy/Education

1-We need to take this opportunity to strengthen health systems



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Supportive care and treatment for patients with COVID-19 is critical. Investments in human resources, oxygen supply, and fuel for generators (to ensure monitors and oxygen concentrators are connected to stable electricity), are key, along with other critical costs.

During past outbreaks, health systems have neglected other, existing illnesses and conditions, leading to massive loss of life. **History cannot not repeat itself in this pandemic.**

In the context of an emerging viral pneumonia epidemic in LMICs, effective implementation of pneumonia control strategies can also serve as pneumonia “preparedness” efforts, reducing the risk that novel pathogens like COVID-19 will derail health progress to date, especially on child survival.

2-We need to support government-led responses & build on existing health systems

When the global community began responding to the major Ebola outbreak of 2013-2016, there was a chaotic mess of poorly thought through “digital solutions” to the crisis. As was noted in [the news media at the time](#), many of these projects vastly underappreciated the complexity of the crisis, and failed to pragmatically support the staff, staff, space, and systems that needed strengthening.

COVID responses can and should, wherever possible, build on existing deployments. This allows us to take advantage of existing infrastructure, which could increase the success with which we address COVID, and it also stands to strengthen responses to other health issues that stand to get worse in places where COVID takes a real toll on routine healthcare delivery. In some cases these existing systems are already suited to outbreak response, like the Event Based Surveillance system that we currently support in Kenya, and which will hopefully soon have a lay case definition for COVID added to the mix.

3- We need to support CHWs - they have a role to play

In most countries in which we work, this is a crucial window of time to prevent or significantly slow the spread of COVID-19. That can only be achieved with widespread COVID-19 testing.

Unfortunately, the current, WHO-approved testing method (called RT-PCR) requires advanced laboratory capability that often does not exist in the countries where most Coalition member

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orgs works. But, new **COVID-19 rapid tests** (15 minutes) have been developed that can be used easily by highly-trained community health workers to find and isolate cases. These will allow testing to move from facilities and into communities themselves.

Community Health Workers are well-positioned to respond to this pandemic by preventing, detecting and treating:

Potential Roles for Community Health Workers in COVID-19 Epidemic

Prevent	<ul style="list-style-type: none"> • Educate communities regarding signs, symptoms, and transmission routes. Lead skill building for personal preventive measures such as social distancing, hand hygiene, coughing/sneezing into elbows, and WASH interventions. • ¹Organize hand hygiene stations in communities and health facilities & mobilise community to use them.² • Support, lead or reinforce community and facility-based infection prevention and control measures, such as construction of triage areas, use of personal protective equipment (eg face masks, gloves, gowns). • Support preparation of health systems and communities for the eventual introduction of COVID-19 vaccines in development, including outreach to high risk groups • Increasing the access to health services and products within communities³
Detect	<ul style="list-style-type: none"> • With supervision from nurses, identify signs and symptoms in community members, support safe collection in communities and health facilities of samples and rapid transport to laboratories for analysis, thus reducing risks of nosocomial transmission. • Alternatively, conduct COVID-19 rapid tests⁴ • Enter alerts into a national to surveillance system.⁵
Respond	<ul style="list-style-type: none"> • Communicate rapidly and effectively to residents. This includes taking the time needed to listen and empathize with community needs, understand

¹

<https://www.healthsystemsglobal.org/blog/402/Communities-are-central-to-flattening-the-Covid-curve-in-South-Asia.html>

² <https://t.co/g2XUSLoIF6?amp=1>

³ <https://t.co/g2XUSLoIF6?amp=1>

⁴ https://www.pih.org/sites/default/files/2020-03/PIH_Guide_COVID_Part_I_Testing_Tracing_and_Community_Management.pdf

⁵ <https://t.co/g2XUSLoIF6?amp=1>











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	<p>local interpretative frameworks, and communicate health information in a tailored and relevant way⁶ This includes supply of brochures in pictorial formats with simple language that can be shared online or on paper⁷ and combatting the spread of misinformation</p> <ul style="list-style-type: none"> • Support self-isolation and monitor patients in the community while ensuring delivery of food, social, and medical support.⁸ • Monitor patients for clinical deterioration and support rapid referral of individuals who require hospitalization, reinforcing links between the health system and communities. • Support contact tracing, symptom reporting, and monitoring of contacts of COVID-19 patients to ensure access to testing and treatment for those who develop signs and symptoms.⁹ • Implement or support disinfection of high-risk surfaces in communities using appropriate infection prevention and control supplies and procedures. • Sustain routine primary healthcare services, e.g. vaccinations and integrated community case management of young children with malaria, pneumonia or diarrhoea • Filling other health service gaps/reducing burdens felt by formal healthcare systems¹⁰
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- See draft article: Prevent, [Detect, Respond: Rapidly expanding healthcare teams through community health workers in the fight against COVID-19](#)

Preparedness planners should help CHWs (incl home health care workers)¹¹:

-   protect their income
-   obtain access to health care (esp. given low insurance coverage rate)
-   obtain support for child care & transportation
-   receive the necessary training

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4754807/>

⁷

<https://www.healthsystemsglobal.org/blog/402/Communities-are-central-to-flattening-the-Covid-curve-in-South-Asia.html>

⁸

<https://www.healthsystemsglobal.org/blog/402/Communities-are-central-to-flattening-the-Covid-curve-in-South-Asia.html>

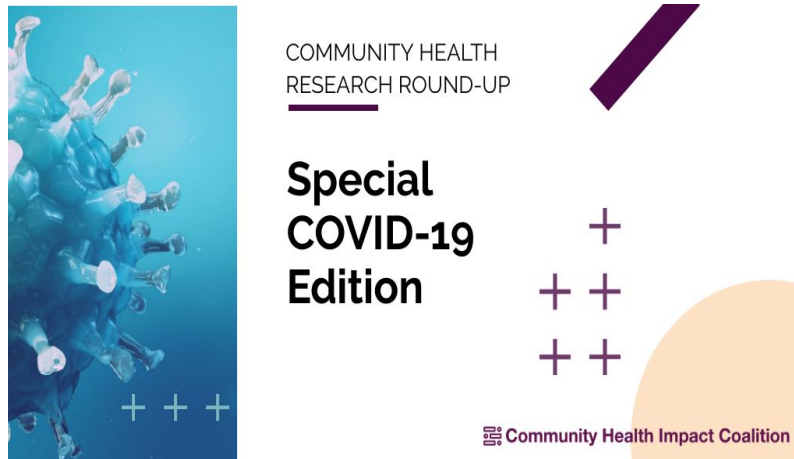
⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4754807/>

¹⁰ <https://t.co/g2XUSLoIF6?amp=1>

¹¹ <https://ncbi.nlm.nih.gov/pmc/articles/PMC4504355/>

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Rapid Summary of Academic Evidence on Roles of CHWs during Pandemics/Epidemics



- [Special Edition of the Community Health Research Round-Up](#)

Highlights evidence on the roles of community health workers in pandemics & epidemics. Takeaway twitter thread [here](#).

Operation 50-50

The #COVID-19 pandemic is a serious global health emergency; we can't afford to ignore women's expertise and perspectives in our public health response. Women in GH Campaign compiling a list of expert women who are working to strengthen global, regional, national, and local capacities to prevent, detect, and respond to outbreaks

<https://www.womeningh.org/operation-50-50>

Responding to Forthcoming Budget Cuts