



ISLAMIC REPUBLIC OF AFGHANISTAN  
MINISTRY OF PUBLIC HEALTH

SCIENCE, EPIEMDIOLOGY AND RESEARCH COMMITTEE TO FIGHT COVID-19

ISSUE 03

# POLICY BRIEF

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**Health Care Providers' Protection and Support  
COVID-19 Pandemic, Afghanistan**

17/04/2020

## **BACKGROUND**

In December 2019, an acute respiratory disease, known as COVID-19, was sparked in Wuhan city, China. The pathogen responsible for COVID-19 is referred to as the Severe Acute Respiratory Syndrome- Coronavirus 2 (SARS-CoV2), a member of the coronavirus family<sup>1</sup>. On March 11, World Health Organization (WHO) declared COVID-19 a pandemic. Available evidence indicates the virus spread from person-to-person that most frequently happens during close exposure to a person infected with COVID-19. Such spread appears to occur mainly via respiratory droplets produced when an infected person coughs or sneezes<sup>2</sup>.

Health care providers (HCP) are exposed to the higher risk of infection SARS-CoV2. In addition, they are overburdened by long working hours, fatigue, occupational burnout, stigma, and physical and psychological violence<sup>3</sup>. While feeling the pain of losing family members, colleague, friends and people. They worry about their own health and have constant anxiety of transmitting the infection to their families.

Health care system must take steps to ensure the health and well-being of their staff including specific measures to protect occupational safety and health.

## **SCOPE OF THE PROBLEM**

Health care facilities around the world employ over 59 million workers who are exposed to a complex variety of health and safety hazards including of COVID-19. WHO estimates a shortage of more than 4 million HCP worldwide? Afghanistan is one of the countries with a critical shortage of health care providers<sup>4</sup>.

Worldwide, as millions of people stay at home to minimize transmission of COVID-19, health care providers prepare to do the exact opposite. According to China's National Health Commission, more than 3,300 health-care providers have been infected as of early March 2020 and by the end of February 2020 at least 22 had died. Around 20% of health care providers were infected in Italy<sup>5</sup>. While 9000 are infected and 27 died recently in United States.

In addition to concerns for their personal safety, health care providers are anxious about passing the infection to their families. Health care providers who care for elderly parents or young children will be drastically affected by school closures, social distancing policies, and disruption in the availability of food and other essentials. Among 1,257 healthcare workers working with COVID-19 patients in China, 50.4% reported symptoms of depression, 44.6% symptoms of anxiety, 34% insomnia, and 71.5% reported distress. Nurses and other frontline workers were among those with the most severe symptoms<sup>6</sup>. In April 2020, WHO reported that in some countries 1 in 10 health workers is infected with coronavirus. "Coronavirus infections continue to grow and as they do, health workers are getting ill. In some countries up to 10% of health workers are being infected by coronavirus" said Dr Tedros Adhanom Ghebreyesus, World Health Organization (WHO) Director General. He also added: "When health workers are at risk, we are all at risk."<sup>7</sup>.

In Afghanistan, as of mid-April 2020, more than 11% of the confirmed cases are reported to be health care providers (91 out of 809). However due to limited availability of diagnostic measures the real numbers are unknown. To date, of the SARS-CoV2 attributed mortality, 10% are health care providers (3out of 30). In Herat, the epicenter of COVID-19 in Afghanistan, more than 15% of the confirmed cases are health care providers<sup>8</sup>.

Recently, Afghanistan witnessed death of several healthcare workers in hospital settings, which is an alarming factor and has negatively affected and demotivated the healthcare staff in the country. It is the responsibility of the government to ensure all protective measures to medical staff fighting COVID-19 in the country.

### **CURRENT POLICY ARENA**

Science, Epidemiology and Research committee of MoPH, on the earliest days of COVID 19 pandemic, has provided some recommendations to MoPH leadership to address the health care providers' need during COVID-19 as follows:

- 1) Conducting learning sessions, and supplying some technical material on COVID-19 disease in local languages to health care providers particularly in the provinces with positive cases.
- 2) Providing adequate packages of PPE kit in the provinces, in order to protect health care providers.
- 3) Considering hazard pay to all different category of health care providers who are exposed to the risk.
- 4) Ensuring Security of health care providers in coordination with police and security forces.
- 5) Providing compatible food with quality and accommodation for health care providers and patients in emergency condition.
- 6) Providing consumables and equipment, in addition to human resources there is a need for consumables and equipment. The consumables and equipment exceptionally be procured through procurement shortcuts. The required items should be identified and provided. All provincial and special hospitals for COVID-19 should have timely access to all required medicines and supplies.

In response to the committee recommendation, MoPH developed a guideline on proper use of PPE kits at COVID-19 health facility on 4th April 2020. In addition, MoPH developed a guideline for recruitment of health professionals in fighting against Coronavirus, and a privileged outline for health care providers in fighting against COVID-19.

Afghanistan Public Health Law has provisions about supporting the health staff. For example, the article 4, section 1, states that protection of individual's health is the main responsibility of MoPH, this can be applied to medical staff who are at high risk of infection during the fight against COVID-19. Or, article 12, section 2 of the law designates MoPH to build capacity of health care providers to enable them to provide sufficient facility and condition. Also, in Article 18: the nearest health organization is responsible to provide emergency aid to victims of unexpected and emergency through prioritizing health condition of them without considering any discrimination<sup>9</sup>.

Several other policy documents such as; National Disaster Plan – 2010, National Health Policy 2015-2020, National Health Strategy 2016-2020 and Human Resource Capacity Building National Strategy 1398-1402 were developed, but the health care provider protection, safety and security during emergencies particularly COVID-19 are neglected.

Since policies are not well applied, especially the ones on the protection of the health staff, the health care providers and their families remain at high risk of COVID-19 contamination, and illnesses, leading to extreme physical and mental stresses. They are physically over-worked beyond conceivable limits. They have pain of losing colleague, family members, friends and people. In addition, worrying about their own health and constant anxiety of transmitting the infection to their families, stigma, attacks and harassment<sup>9</sup>. Health care providers who are

dependent only on their private clinic, remain unprotected in emergencies particularly COVID-19. Moreover, the old age health care providers with chronic diseases are still providing health care services in frontline health facilities. While managing and controlling the emerging diseases, like COVID-19 healthcare providers suffer from lack of knowledge, skills, protective supply and equipment in emergencies particularly COVID-19. All these happen in a situation, where there is no health insurance to cover hazard of COVID-19 against health care provider as well as their families. On the other hand, the government and public have high expectations from health care providers at all levels with no technical, financial, social and moral support.

## **POLICY RECOMMENDATIONS**

- A comprehensive National Plan aligned with WHO guidance should be in place to cover both emergency and long-term strategies ensuring access to well trained, supported and safe frontline health care providers<sup>10</sup>.
- Triage measurement should be in place through physical admission or distance telephonic consultation during COVID-19 pandemic. All health care providers have to admit any patient with the suspicion of COVID-19, once it is rolled out with COVID-19, she/he can go through normal procedures. By provision of sufficient, protective gears, health care provider has to wear personal protective equipment while admitting any patient<sup>11</sup>.
- In order to mobilize a heroic sacrifices of frontline health care provider with an honor, compassion, and support for their efforts, they must have access to equipment, supplies, training, effective management, and financial support for the retention in their relevant communities to save lives. This will be duty of a robust health system to support health care providers in detecting, analyzing, and responding to new and emerging public health threats<sup>10</sup>.
- Reinforce infection prevention and control standards in all health facilities including private ones<sup>11</sup>.
  - Safety measures in OPD: The OPD services should be minimized as much as possible during COVID-19 pandemic. Avoid any crowd in the rooms, and waiting areas. Social distancing must be considered. All client should have masks, ordinary gloves, wearing shoes bag, entire health facility should be disinfected regularly, the area should have proper ventilation<sup>11</sup>.
  - Safety measures in IPD: The IPD as much as possible should have a single room with proper ventilation for each patient or consider the required distance of at least 2M between beds. Health care providers should use PPE kit while visiting the patients. Make sure before entering to the patient room, the room air is ventilated well. Try to bring all facilities such as portable x-ray machine to patient 's bed instead of taking away the patient from his/ her room.
  - Avoid any visitor from the patient room, instead try to use other facilities such as video chat to contact with the patient.
  - Conducting high risk procedures should be done in a room which is adequately ventilated (natural ventilation with airflow) or in an airborne infection isolation room with negative pressure.

- PPE should be accessible as an important element to protect health care provider from ultimate risk of COVID-19. All health care providers at COVID-19 hospital should have access to adequate number of PPE kit. All staff should have knowledge and skills on don, doff and dispose of PPE<sup>3</sup>.
- The laboratories should be equipped with important biosafety and biosecurity practices and appropriate transport requirements.
- If any prophylactic measurement such as vaccination has been developed and proven, healthcare providers should be prioritized on receiving it.
- Government has to provide systematic emotional support to health care providers during emergencies particularly COVID-19.
- Any intervention on protection, safety and security of health care providers should be gender sensitive to reduce gender-based barriers, ensure child care facility or service is available for frontline health care provider at health facility, if not, let her to work from home<sup>10</sup>.
- Government should provide hazard pay, accommodation, food, transportation privileges to health care providers at frontline health facilities.
- MoPH should provide transparent, timely data on health care provider status at frontline health facilities, availability of key medical supplies including PPE, ICU, regular hospital beds, ventilators, and other important equipment and supplies.
- MoPH should set up and sustain a human resource information system, to understand how to mobilize the resource during a pandemic.
  - Call on all unemployed or retired health care providers, as well as certified health care providers who moved to other fields, as per their capacity to support the system in area of most need.
  - Encourage non-competent health worker students with providing required training to join the existing workforce.
  - In critical situation, accelerate senior students' graduation to facilitate fast joining to health workforce.
  - Facilitate international labor organization standards of decent work for all frontline health care providers, encourage voluntarily placement of health care providers.
  - Facilitate and encourage telemedicine platforms and telephonic consultations to decrease physical contact and increase efficiencies<sup>10</sup>.
- MoPH should introduce recognition mechanism to recognize sacrifices, best performers of health care providers at frontline health facilities.
- MoPH should develop some honor medal of Abo Alisina Balkhi, Abo Raihan Al Beruni, Sayed Alif shah Ghazanfar, Ferozuddin Feroz etc to recognize and motivate best health workers.

## CONCLUSION

To conclude, health care providers are human individuals with all-natural senses, they are fighting in an undeclared global war. They need systematic technical, emotional, social, economic and moral support. There is a need for immediate and long-term investment to support sustainable frontline health workforce team who are educated, recruited, trained, supported, equipped, and protected to prevent, detect, and respond to global health threats.

## ACKNOWLEDGEMENT

This policy brief is a technical work of public health experts, epidemiologists and clinical specialists who are voluntary members of Science, Epidemiology and Research (SER) Committee to fight COVID-19 in the country. The content of this policy brief is intended as an advice to healthcare authorities in Afghanistan during emergency situation. MoPH will consult specialists and technical advisors to avoid any harm before its implementation. The Afghanistan National Public Health Institute (ANPHI) acknowledges the hard work of all committee members, particularly following colleagues who directly contributed in development and finalization of this policy brief.

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2. Dr. Nooria ATTA (KUMS)
3. Dr. Mir Ahad SAEED (MoPH)
4. Dr. Farhad FAREWER (MoPH)
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