

Collaborative Engagement of Health Professional Associations in Ethiopia's COVID-19 Response: Achievements and Lessons Learned

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Abstract

Introduction: Effective and speedy response to a public health crisis such as the covid-19 pandemic requires collaboration. Therefore, Ethiopian health professional associations formed a scientific advisory council in March 2020 to provide collaborative technical assistance to the Ministry of Health (MOH) in the national COVID-19 pandemic response. In this paper, we reflect on achievements and lessons learned in the collaborative partnership between health professional associations and the MOH in the COVID-19 response.

Achievements and challenges: The scientific advisory council created a platform for coordinated communication between professional associations and the MOH, which provided technical assistance on preventive and control measures and established a web-based information repository to share credible and locally relevant COVID-19 resources to health workers. Professional associations also cooperatively provided COVID-19 training to health workers, engaged the media for public health education and advocacy, and called for better protection and support of health workers. However, the lack of institutional arrangement for collaboration, delay in implementation of recommendations, decrease in engagement of scientific advisory council members over time, and shortage of funding was observed as challenges in the collaborative engagement of professional associations.

Conclusion and recommendation: The COVID-19 pandemic created unprecedented opportunities for a collaborative partnership between professional associations and the MOH. We believe this partnership contributed to reducing the spread of COVID-19 and saved many lives. Going forward, the partnership should be formalized to ensure effective and sustainable relationships and this partnership should be upgraded to engage professional associations in co-creating, implementing, and monitoring health policies and programs. [*Ethiop. J. Health Dev.* 2021; 35(SI-4):00-00]

Keywords: Professional Associations, Covid-19, Partnership

Introduction

The COVID-19 pandemic caused a once-in-a-century public health and socio-economic crisis worldwide. As of 28 March 2021, the World Health Organization (WHO) reported 126,372,442 laboratory confirmed infections and 2,769,696 deaths globally. In Africa, there were 3,061,438 infections and 77,446 deaths over the same period. Ethiopia reported 198,794 cases and 2,784 deaths. [1] The economic shock is also unprecedented. According to the World Bank, the COVID-19 pandemic triggered the deepest economic recession in eight decades with worse outcomes in low- and middle-income countries (LMIC). [2]

Effective and speedy response to a public health emergency such as the covid-19 pandemic requires communication, coordination, and collaboration at global, regional, national, and local levels. While it is the mandate of national ministries of health and the WHO to lead and coordinate a public health emergency response at national and global levels, respectively, they need to work closely with partners to prepare for, detect, respond to, and recover from a health crisis. [3,4] One key partner is professional associations. Ministries of health require the expertise, cooperation, and resources of professional associations to design, implement, monitor, and enhance response interventions. Owing to

their social responsibility to protect and improve the public's health, professional associations are also expected to actively participate in public health and emergency response. [5-8] In this paper, we reflect on achievements, gaps and lessons learned in the collaborative partnership between Ethiopian health professional associations and the Ministry of Health (MOH) in the national COVID-19 response. We hope this reflection will stimulate discussions to strengthen collaboration during and after the COVID-19 pandemic.

Establishment of the COVID-19 Scientific Advisory Council

Ethiopian health professional associations started discussing the need to support the national epidemic preparedness and response efforts immediately after WHO declared that the novel coronavirus disease has become a public health emergency of international concern. For instance, the Ethiopian Public Health Association (EPHA) activated its public health emergency and preparedness working group in early February 2020. The MOH also recognized the importance of engaging professional associations in the epidemic response and convened an urgent consultative meeting with health professional associations and societies on March 10, 2020. Both sides appreciated the need to work together to support the response in a

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coordinated manner. The meeting concluded with an agreement for professional associations to support the response by providing COVID-19 training for health workers. The Ethiopian medical, public health, nursing, health officer and environmental health associations were selected to coordinate the training. Secondly, a decision was made to establish a scientific advisory council for the COVID-19 response. Subsequently, under the leadership of the Ethiopian Medical Association (EMA), professional associations were asked to nominate capable and committed experts to join the scientific advisory council. The Advisory Council held its first meeting on March 23, 2020. More associations and experts joined the Council in subsequent weeks. Overall, 15 professional associations participated in the advisory council. To provide effective and efficient support, the advisory council established seven teams; namely, Epidemiology and Evidence Synthesis, Infection Prevention and Control, Facility Readiness and Case Management, Mental Health and Psychosocial Support, Surveillance and Contact Tracing, Risk Communication and Community Engagement, and Pharmaceuticals, Equipment, Supplies and Logistics teams.

Major accomplishments of health professional associations

Technical assistance: The COVID-19 Advisory Council helped to coordinate scientific inputs, technical assistance, and communication with the MOH COVID-19 taskforce. It streamlined and unified efforts of diaspora groups (the Diaspora High level Advisory Council and the Ethiopian International Civil Servant Support Team for COVID-19) by liaising with them. The Advisory Council in collaboration with the diaspora groups responded to requests for technical advice from the MOH COVID-19 taskforce on a range of issues including, but not limited to, personal protective equipment (PPE), quarantine, home self-isolation, case management and continuity of elective surgery. It supported development of protocols and guidelines on case management, infection prevention and control, psychological first aid, self-care for health workers and inventory management, to name a few. The advisory council gave proactive recommendations on woreda-based phased response framework for COVID-19, enhanced surveillance, contact tracing and universal cloth masking, among others. It developed epidemic projections and helped with validation of products list and quantification of COVID-19 medicines, equipment, and supplies. The Advisory Council supported further analysis of epidemic data and prioritization and monitoring of COVID-19 research agendas. Moreover, advisory council teams supported counterparts at the MOH and Ethiopian Public Health Institute to strengthen and establish COVID-19 task teams. A case in point is the formation of mental health and psychosocial support team at MOH with support from the Advisory Council.

Training of health workers: With funding from MOH and Resolve to Save Lives (RTSL), a consortium of health professional associations designed and delivered COVID-19 training to health workers. The COVID-19 training package was adapted from the WHO and the

Ethiopian Public Health Institute (EPHI) resources and covered overview and epidemiology of the SARS-Cov-2 virus, infection prevention and control, risk communication, surveillance and contact tracing, mental health and psychosocial support, clinical care, and health care ethics during the outbreak. The objective of the first-round training was to prepare health workers to be deployed in treatment and quarantine centers. Basic COVID-19 training was provided to 258 newly recruited health professionals (doctors, health officers, nurses, and environmental health professionals), 40 health professionals working in the private sector and 20 health professionals recalled from retirement at a cost of 1.6 million Ethiopian Birr. The second-round training targeted health workers in primary health care facilities. Accordingly, with \$699,600 funding from RTSL, professional associations provided Training of Trainers to 623 senior health professionals in 30 university hospitals and facilitated rollout training to 4,293 health workers from 315 primary health care facilities throughout the country. In addition, with a 20.8 million Ethiopian Birr grant from UNICEF provided through MOH, 11 health professional associations organized a third-round training benefiting over 4,750 health workers.

COVID central information repository: Recognizing the rapid expansion of COVID-19 related science and the absence of authoritative local information sources for Ethiopian health professionals, the Ethiopian Medical Association in collaboration with the Diaspora High-level Advisory Council and the Ethiopian Health Professional Associations Advisory Council established a web-based information repository to share credible and locally relevant peer-screened resources and diagnostic and treatment protocols to all health workers. The COVID-19 central information portal, hosted on the EMA website, was launched on the 19th of June 2020. As of 31 March 2021, there were 543 documents on COVID-19 central information repository and 29,956 downloads (18,350 from Ethiopia) were recorded. Professional associations also shared COVID related scientific information and epidemic updates to their members through their website, email, and social media outlets. The Ethiopian Association of Anesthetists developed airway management algorithm for COVID-19 patients and distributed it to hospitals. In collaboration with Diaspora counterparts, the Ethiopian Pharmaceutical Association organized 10 webinar series on COVID - 19 for pharmacy professionals. The Ethiopian Public Health Association also ran webinar series on the COVID-19 pandemic.

Media engagement for public health education and advocacy: Professional associations provided press releases/conferences on five occasions (25 March 2020, 16 April 2020, 23 June 2020, 13 August 2020, and 7 April 2021), covering up-to-date and developing issues targeted at the public, the government, the media, and other stakeholders. Among other things, professional associations called for better enforcement of basic preventive measures (physical distancing, hand hygiene and wearing face mask), improved protection of health workers (through increasing availability of personal protective equipment (PPE) and implementation of strict

infection prevention and control protocols), increased testing and contact tracing, and faster roll-out of vaccinations. Leaders and members of professional associations gave dozens of interviews on radio, television, print and electronic media to educate the public about the pandemic and strengthen preventive, treatment, and control measures. Through the UNICEF/MOH grant, a consortium of 11 professional associations also conducted 50 public health education campaigns.

Support and encouragement for health workers:

Health professional associations advocated for better protection and support for health workers who put their lives on the line to serve their country. The EMA conducted a rapid assessment at Eka Kotebe General Hospital, the first COVID-19 treatment center in the country and held follow up discussions with MOH to improve the working and living conditions as well as support systems for health workers. Professional associations visited Akaki Subcity Woreda 10 Health Center, which was used to serve as COVID-19 isolation and treatment center for infected health workers, and supported efforts to fix infrastructural challenges. Professional associations called for better transparency and reporting on health worker exposure and infection, leading to actions. Professional associations participated in the development of an incentive guideline for health workers directly involved in COVID-19 prevention and treatment. In partnership with local and international donors, professional associations procured, collected, and distributed PPE and other supplies to regions. The Medical, Nurses, Midwives and Pharmaceutical Associations used the Doctors, Nurses, Midwives and Pharmacists Day celebrations, respectively, to thank health workers for their service. The Medical, Midwives and Public Health Associations supported a music video production thanking and recognizing health workers for their selfless service and sacrifice.

Challenges and gaps

Lack of institutional partnership: The lack of formal institutional relationships based on mutual understanding of roles and responsibilities limited the creation of an optimal partnership required to fully harness the expertise and experience of professional associations to mount a strong and adaptive response. A lack of structure at MOH for the engagement of professional associations was also a challenge.

Delay in implementing recommended actions: Partly because of systems inertia and challenges in multi-sectoral collaboration, there were significant delays and gaps in implementing recommendations of the advisory council. From the MOH standpoint, there were differences in expectations and understanding of the political processes involved in translating recommendations to action.

Gap in maintaining engagement: Although professional associations continued COVID-19 related media advocacy and education activities, there was a decline in the intensity of engagement over time as the pandemic dragged beyond six months, enforcement of preventive measures loosened, and members of the

Advisory Council professed the weakening of Government interest.

Shortage of funding: Professional associations could have done more and better if they had greater and continued financial resources. Although many development partners provided financial support to the COVID-19 response, direct funding to professional associations was limited. Professional associations did not actively search for grants to tackle this challenge either.

Conclusion and recommendation

The COVID-19 pandemic created unprecedented opportunities for partnership between professional associations and the MOH as well as for inter-professional collaboration. It also brought to light the enthusiasm of health professionals inside and outside Ethiopia to contribute to the advancement of health and well-being in their motherland. We believe this partnership was instrumental in marshalling the different stakeholders towards a common purpose, contributed to reducing the spread of COVID-19 and saved many lives. The collaborative engagement of health professional associations was enabled by the 1) curiosity of professional associations to contribute to improving the public's health, 2) commitment by the MOH to engage professional associations, and 3) appreciation by all stakeholders that it takes a collaborative effort to beat a complex challenge posed by the pandemic. Going forward, this exemplary act of partnership should be institutionalized to ensure effective and sustainable relationships. The collaborative partnership should also be upgraded to engage professional associations in co-creating, implementing, and monitoring health policies and programs. Professional associations should also strengthen their public health education and advocacy activities and formalize inter-professional collaboration to have a greater impact.

Conflict of interest

The authors are leaders of the major health professional associations, which collaborated with the Ministry of Health in the covid-19 pandemic response. We did not receive money for our work or this publication. Other than that, we have no conflict of interest to declare.

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