



TO: Tedros Adhanom - Director General of the World Health Organization
FROM: Senior Health Advisory Committee: Manning, Oviedo, Kwon, Nagarajan, & Beyrle
SUBJECT: A COVID-19 Response Strategy for Latin America and Africa

COVID-19 continues to spread in Latin America and Africa, where many countries lack the financial, structural, and medical resources to cope with the health crisis. **How can the World Health Organization (WHO) effectively support nations in Latin American & Africa with limited healthcare capacities to help minimize death, slow the spread of infection, and improve the provision of healthcare?**

Interests & Stakeholders

WHO

Headquarters & Executive Leadership: Provide leadership and maintain reputation through actions taken in a time of crisis while maintaining solvency.

Country Offices & Local Staff: Policy options implemented at country level will require local WHO workers to tailor implementation to the needs of specific regions and countries.

National Governments & Agencies

Member states need to balance the economic, social, and healthcare needs of their citizens in the time of crisis. They can choose to accept the WHO's organizational and structural assistance.

Civil Society Organizations (CSOs)

Coordination between the WHO and CSOs is necessary for policy implementation. CSO's interests include: helping people, effective resource allocation, and maintaining public image.

People, Communities, & Their Leaders

The ultimate goals of all policies are to save lives and maintain health. We must maintain these basic human needs while respecting cultures and gathering buy-in from the community.

Analysis

Many target countries lack the healthcare infrastructure to handle a large flow of sick patients. Ten African countries don't even have ventilators to support COVID-19 patients and many others are missing basic supplies like soap and oxygen¹. The most vulnerable countries are now competing with more developed countries to get the resources necessary to fight the pandemic. Other challenges include:

- It can be difficult, bordering on impossible, to enforce strict **social distancing measures in densely-populated areas**, especially urban slums.
- Certain **remote parts of both continents** (e.g. the Amazon basin) are extremely hard to reach and have very limited (health) infrastructure.



- Countries in both regions suffer from a **double burden of disease** in the form of concurrent outbreaks of other diseases and pre-existing health conditionsⁱⁱ.
- **Corruption can undermine the provision of healthcare interventions.** The Red Cross lost \$6m in Ebola assistance in the form of fake bills/salaries and overbilled suppliesⁱⁱⁱ.
- **Local buy-in, community involvement, culturally-appropriate messaging and trust building** are crucial to the success of interventions.

Criteria & Objectives for Evaluation

Effectiveness: Includes the anticipated impact in terms of preventing infections, negative health outcomes, as well as the impacts of social and economic disruption on public health.

Speed of Implementation: Even small delays in implementation can result in many more cases.

Feasibility: Must be viable with inundated healthcare systems and dwindling money supplies.

Ability to Generate Local Buy-In: Successful cooperation with other stakeholders will require sufficient flexibility to adapt to local political realities and cultural sensitivity.

Financials: The chosen policy will need to produce a positive return on social cost-benefit analysis and depend on WHO's ability to raise funds quickly.

Policy Options

1. Expand Contact Tracing - Human contact tracing is based on one-on-one telephone or in-person interviews of newly diagnosed patients and their contacts. Under this option, WHO country offices would work with authorities to develop country plans for mass human contact tracing. WHO would then provide health authorities and community health centers with support staff as well as technical advising and training on data collection and reporting methods.

- **Pro:** Does not require advanced technology and methods are widely teachable.
- **Pro:** Use established trust and care practices of communities and their leader influence.
- **Pro:** A fast, effective, and on the ground method to fight the disease.
- **Con:** Human contact tracing is time intensive, can be imperfect, and varies by country.

2. Mapping Medical Resources - WHO would create a tool that would map and monitor the availability and demand of essential medical equipment within and across countries. This would gather crowdsourced and official data through a variety of channels. Initially, the tool would only contain official country data and be used help WHO determine where to ship supplies and the kinds of supplies needed. WHO would then expand crowdsourcing functionalities regionally and eventually open access to orient the global supply chain of medical devices.

- **Pro:** The WHO and countries would become more effective with equipment deployment.
- **Pro:** Tool can promote the flow of medical supplies into less-developed countries.
- **Con:** Countries with more robust medical distribution systems may not be interested in contributing to and utilizing this tool.



3. Global Information-Sharing Platform - The WHO would build an online platform that helps countries share best-practices in nations that need assistance. Public officials would share results from containment and mitigation efforts, while health authorities would share context-relevant health care strategies. Conversations or posts would be monitored by WHO health experts.

- **Pro:** Would help to identify and scale solutions that are relevant to low-resource contexts
- **Pro:** This is a low-cost idea with high-impact potential
- **Con:** Requires constant monitoring to prevent the spread of erroneous information
- **Con:** Users may be constrained in their ability to share information

Recommendation

We recommend that the WHO implement policy option 1 given the tangibility and potential rapidity of contact tracing for interrupting ongoing transmission and reducing spread. Ultimately, our top priority is saving lives and providing positive health outcomes. This policy provides the strongest pathway to meet these goals directly and immediately without advanced technology, advanced expertise, nor vast infrastructural resources – all of which are lacking in developing countries.

Implementation - 3 Weeks to Operation

Action	Parties
Phase 1 (5 days): <i>Global strategy formulation</i> <ul style="list-style-type: none"> ● WHO experts convene with regional directors, develop a broad global strategy on human contact tracing and case identification 	WHO Executives/ Directors
Phase 2 (5 days): <i>Development of Country Plans</i> <ul style="list-style-type: none"> ● Country directors convene with public health officials, civil society and community-based orgs. to develop custom national plans 	WHO Directors; Public Officials
Phase 3 (10 days): <i>Deployment of staff</i> <ul style="list-style-type: none"> ● Match staff from Emergency Communications Network Roster to appropriate WHO Country Office ● Conduct and complete training for all deploying staff ● Define roles/responsibilities of local community health workers 	WHO Country Staff; Local Staff & Community Leaders
Phase 4 (10 days): <i>Training of local health workers</i> <ul style="list-style-type: none"> ● Staff provide training to health officials and local workers ● Workers engage in community contact tracing. 	WHO Country Staff; Local Staff & Leaders
Phase 5 (Indefinitely): <i>Data Collection and Monitoring</i> <ul style="list-style-type: none"> ● Detect and actively investigate reported cases ● Implement procedures for contact tracing and monitoring ● Manage case, contact, and alert data 	WHO Analysts; all other parties



WE DID NOT GIVE OR RECEIVE UNAUTHORIZED ASSISTANCE WHILE ON THIS PAPER.

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- ⁱ Maclean, Ruth, and Simon Marks. “10 African Countries Have No Ventilators. That's Only Part of the Problem.” *The New York Times*, The New York Times, 18 Apr. 2020, www.nytimes.com/2020/04/18/world/africa/africa-coronavirus-ventilators.html.
- ⁱⁱ Navarro, J-C. (2020), “COVID-19 and dengue, co-epidemics in Ecuador and other countries in Latin America: Pushing strained health care systems over the edge”, *Travel Med Infect Dis.*, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7130119/>.
- ⁱⁱⁱ International Federation of Red Cross and Red Crescent Societies (IFRC), “Statement on fraud in Ebola operations”, 20 October 2017, available at: <https://media.ifrc.org/ifrc/ifrc-statement-fraud-ebolaoperations/>.