

ONE HEALTH Knowledge-Café

Webinars | Discussions | Online courses | Networking



COVID-19: Situation, Responses, Lessons Learned (Series#3)

Brazil | India | Nicaragua | Tanzania

Date: September 4, 2020 | Time (1:30PM-3:00 PM) GMT | 7:15PM NPT | 3:30PM CET | 6:30AM

PST



Dr. Creuza Rachel Vicente

Universidade Federal do Espirito Santo

Brazil



Dr. Jugal Kishore

Professor of Community Medicine, Safdarjung Hospital

India



Dr. Aurora Aragon

Independent Consultant

Nicaragua



Dr. Chambi Chachage

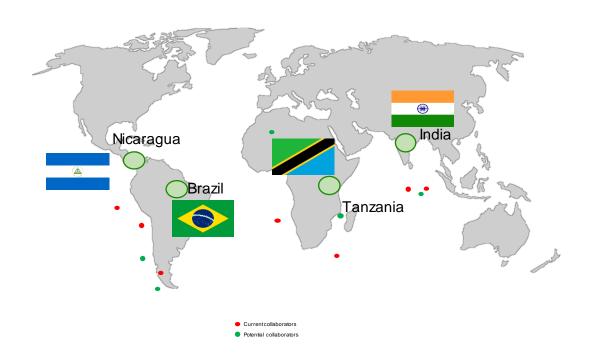
Princeton University

Tanzania

One Health Knowledge Café

- A collaborative effort of more than 11 individuals representing CIH partners and alumni
- Represents Asia, Africa, Europe, South America and North America
- Brings together the expertise and network of researchers and professionals from various disciplines, countries and expertise to enable cross learning, sharing and network building
- Monthly talks, webinars, online courses, discussions
- Supported by LMU^{CIH} through DAAD/Exceed Program, funded by BMZ

Today's presentation



Countries and Speakers

		-		
Country	Countryinfo	Speaker info		
Brazil	South America 211.8 Million Literacy adult 93% GDP per capita \$ 13,759 2.2 physician per 1,000 population	Dr Creuza Rachel Vicente is a Professor in the Department of Social Medicine and in the Graduate Program in Infectious Disease at Universidade Federal do Espirito Santo. She holds PhD in Medical Research and Masters in Public Health. She has experiences in research on Epidemiology of Infectious Disease.		
India	South Asia 1.4 Billion Literacy adult 74% GDP per capita \$ 6,265 0.9 physician per 1,000 population	Dr Jugal Kishore is a medical educator and a public health expert, and is currently the Director Professor and Head of Community Medicine, Safdarjung Hospital, India. He has worked in various institution with remarkable capacities. www.drjugalkishore.com		
Nicaragua	Central America 6.4 Million Literacy adult 83% GDP per capita \$ 5,098 1 physician per 1,000 population	Dr Aurora Argon (MD, MSc, PhD) is an Independent Consultant. She graduated as medical practitioners and holds PhD in Occupational Medicine. She has worked in development of postgraduate programs in the field of occupational health, occupational medicine and ergonomics among others.		
Tanzania	East Africa 54 Million Literacy adult 78% GDP per capita \$ 2,685 0.014 physicians per 1000 population	Dr Chambi Chachage is the 2018-2020 Princeton African Humanities Postdoctoral Research Associate. He holds a BSocSci in Psychological Studies/BA (Hons) in African Studies, MSc in African Studies, AM in History/PhD in African Studies from the University of Cape Town (UCT), the University of Edinburgh, and Harvard University, respectively. https://pah.princeton.edu/people/chambi-chachage		

Sources: https://data.worldbank.org/; www.healthdata.org; www.who.int/workforcealliance

Objectives

 To share current situation of COVID-19, country response and lessons learned across selected countries

- To review and discuss key lessons learned for the global health community
- To establish a better network to promote learning and collaboration among CIH partners, alumni and beyond





COVID-19: Situation, Response, Lessons Learned in Brazil

Prof. Dr. Creuza Rachel Vicente Universidade Federal do Espírito Santo Brazil

Introduction

Brazilian health system

Brazilian Federal Constitution 1988

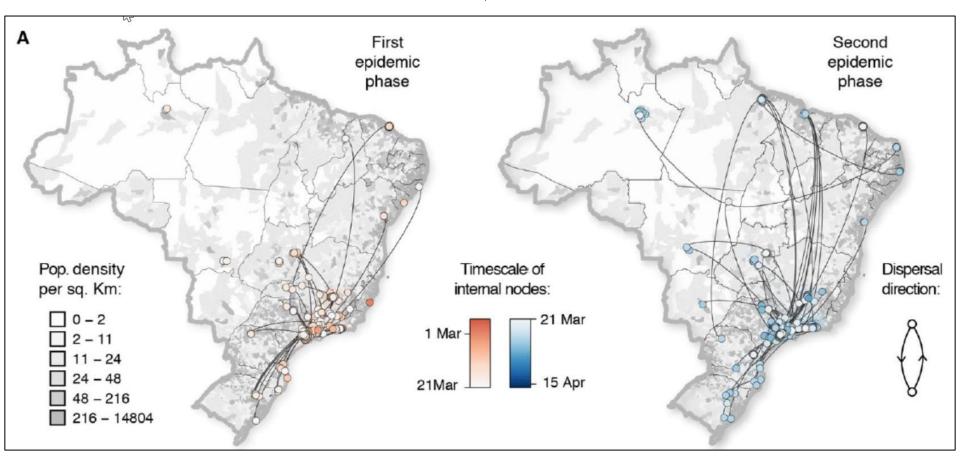
- Art. 196: "Health is a universal right and duty of the State"
- Art. 198: Unique and decentralized health system



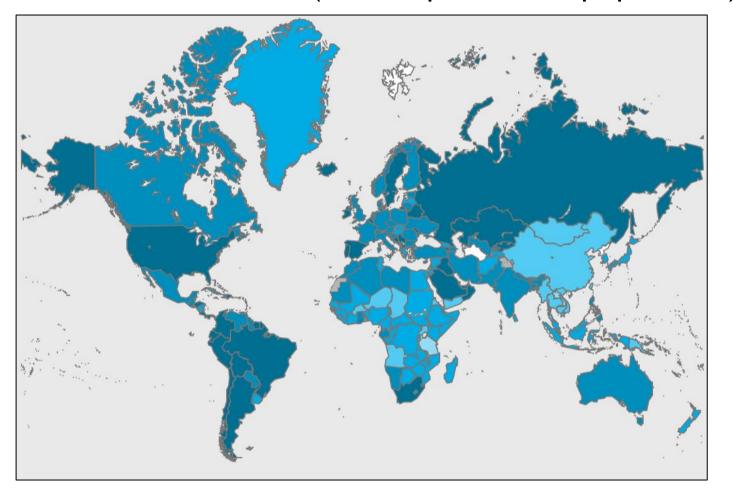


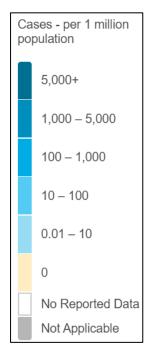
SARS-CoV-2 introduction and dispersion

First confirmed case: Feb 26, 2020

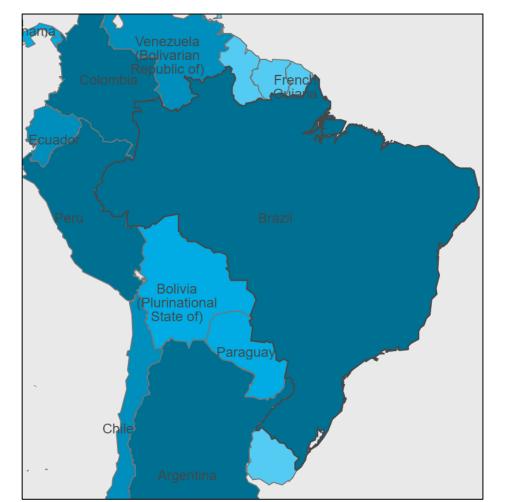


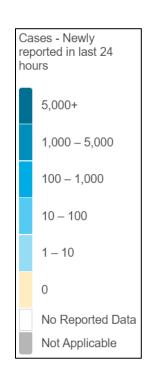
Cases per 1 million population, Sep 03, 2020 Brazil = 3,950,931(18,587 per million population)





Newly reported cases in last 24 hours, Sep 03, 2020 Brazil = 42,659

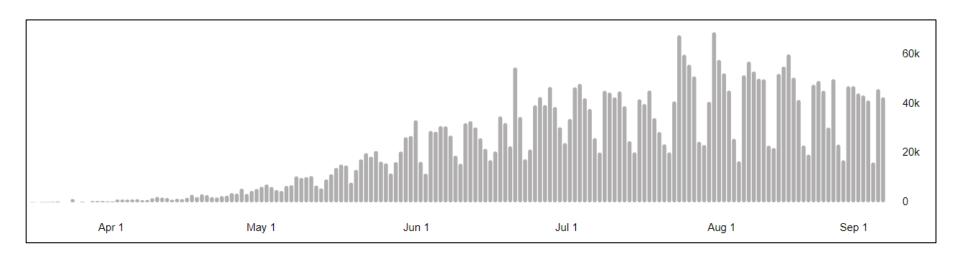




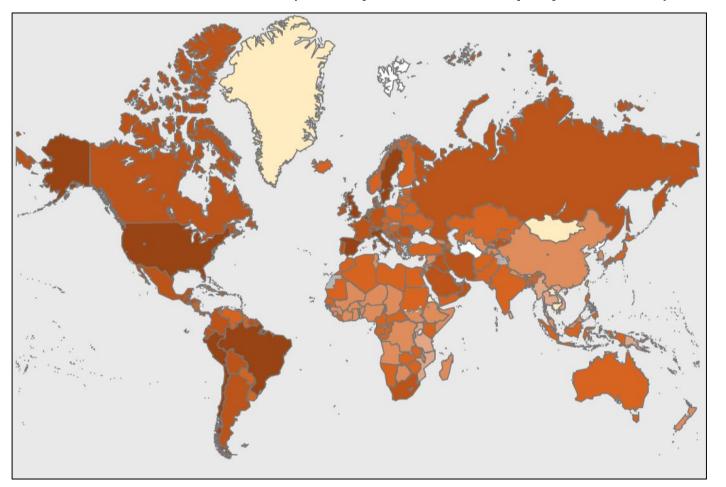
WHO, 2020

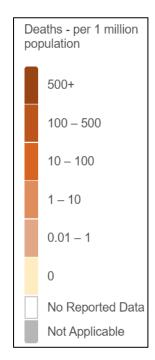
Confirmed cases per day, Feb 26 to Sep 03, 2020 Recovered = 3,210,405*

*Brasil. Ministério da Saúde, 2020



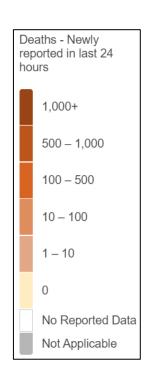
Deaths per 1 million population, Sep 03, 2020 Brazil = 122,596 (576 per million population)





Newly reported deaths in last 24 hours, Sep 03, 2020 Brazil = 1,215

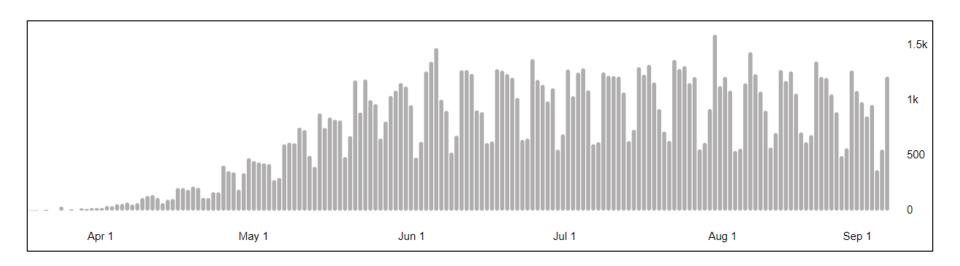




WHO, 2020

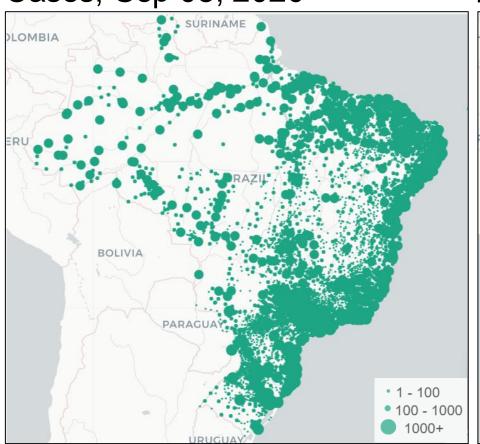
Confirmed deaths per day, Feb 26 to Sep 03, 2020 Fatality rate = 3.1%*

*Brasil. Ministério da Saúde, 2020

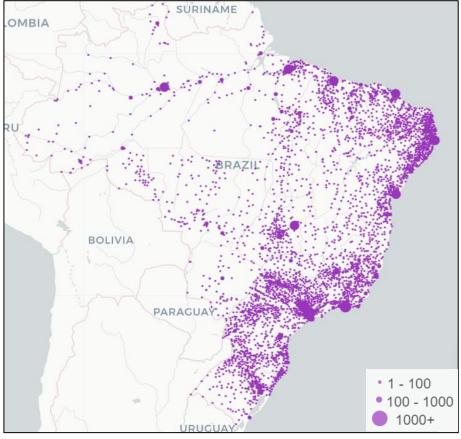


Cases and deaths per municipality

Cases, Sep 03, 2020



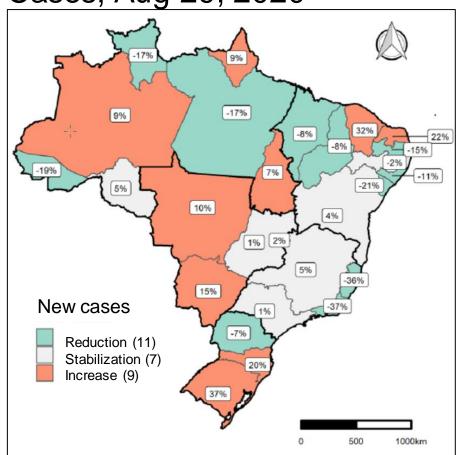
Deaths, Sep 03, 2020



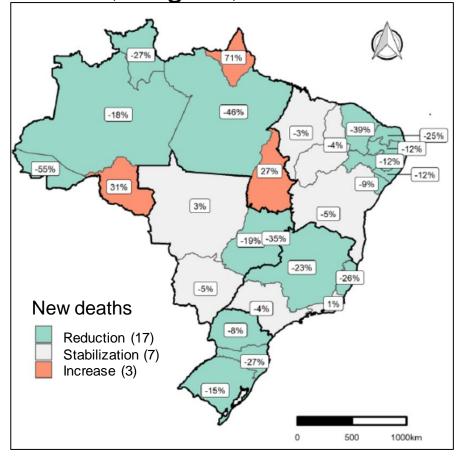
Brasil. Ministério da Saúde, 2020

Tendency

Cases, Aug 29, 2020

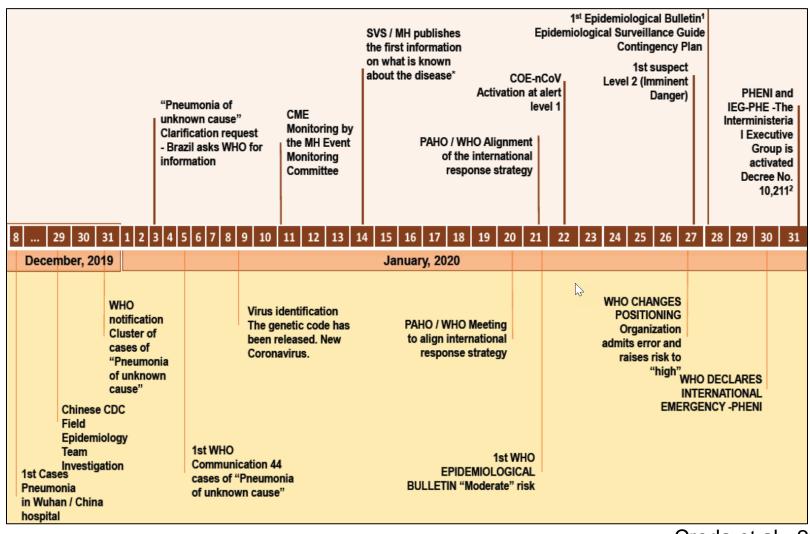


Deaths, Aug 29, 2020

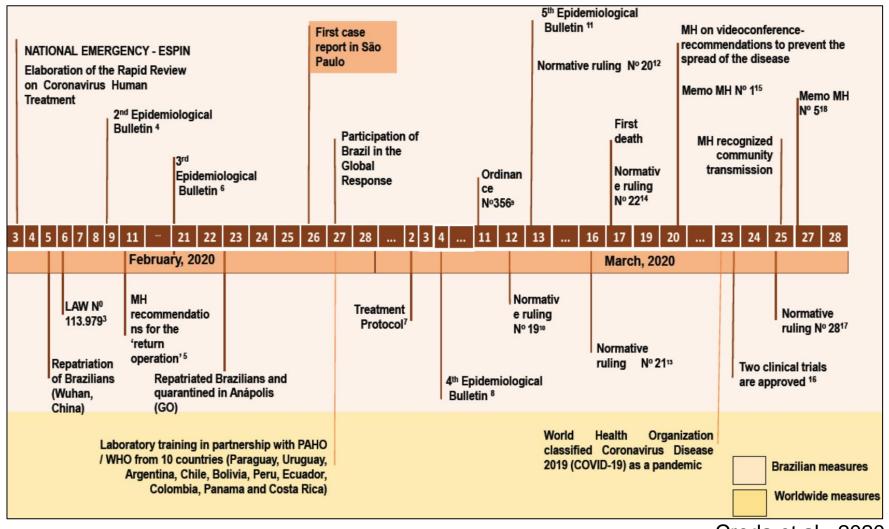


Brasil. Ministério da Saúde, 2020

Timeline



Timeline



Protocols and training



"O Brasil Conta Comigo"

Ordinance 639, March 31, 2020

- Training health professionals
- Registration of health professionals





Brasil. Ministério da Saúde, 2020

Field hospitals



A field hospital being built at Ibirapuera Stadium in São Paulo in April. Victor Moriyama for The New York

Molecular tests performed

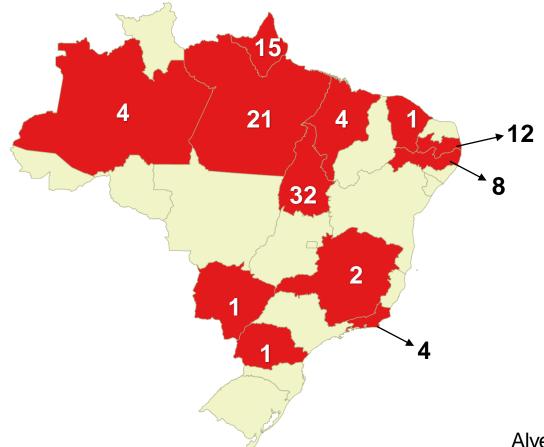


Brasil. Ministério da Saúde, 2020

Lockdown

Supreme Court: ADI 6,341 - March 24, 2020

- Number of cities with lockdown



Alves et al., 2020

Ministry of Health

Apr 06, 2020

Bolsonaro fires popular health minister after dispute over coronavirus response

- Luiz Henrique Mandetta defended physical distancing
- Far-right president has downplayed impact of coronavirus



May 15, 2020

Brazil loses second health minister in less than a month as Covid-19 deaths rise

Nelson Teich's resignation was announced in message from health ministry after Bolsonaro sacked Luiz Mandetta in April

- Coronavirus latest updates
- See all our coronavirus coverage



Ministry of Health

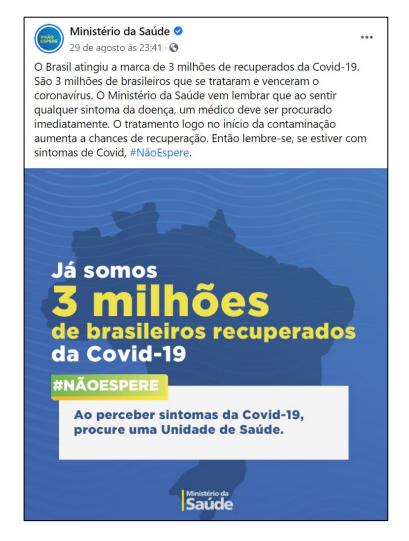
Interim Minister



Communication







Brasil. Ministério da Saúde, 2020 (Facebook)

Communication

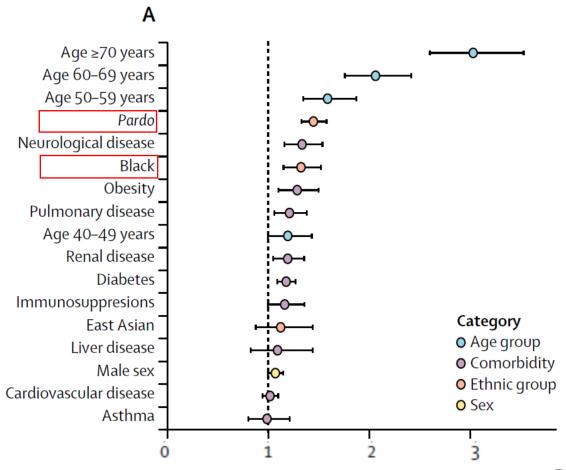




Brasil. Ministério da Saúde, 2020 (Facebook)

Vulnerable population

Risk of mortality in 11,321 hospitalized patients



Vulnerable population

Brazil's favelas forced to fight coronavirus alone

Brazil's densley populated favela communities have been largely abandoned by the state in the fight against coronavirus. Residents are now organizing their own responses to contain the pandemic.



Vulnerable population









New York Times, 2020

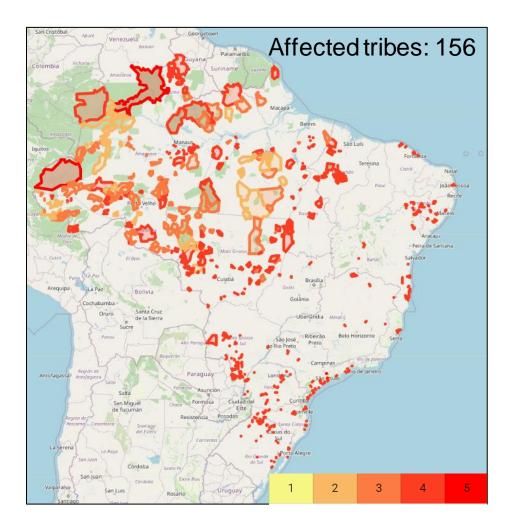
Vulnerable population Indigenous people Sep 03, 2020

- Confirmed cases: 29,609

- Deaths: 779

Brazil's court rules government must protect tribes from coronavirus

FILE PHOTO: A man from the indigenous Yanomami ethnic group holds his protective face mask, amid the spread of the coronavirus disease (COVID-19), at the 4th Surucucu Special Prontier Platoon of the Brazilian army in the municipality of Alto Alegre, state of Roraima, Brazil July 1, 2020.



Considerations

Necessity to reinforce IHR capacities

- Health service provision (47%)
- Points of entry (60%)



New York Times, 2020

Sistema Único de Saúde

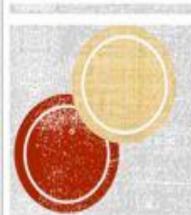
- Finance (restrictions of PEC 246/16)

Intersectoral actions

- Approach inequities and social determinants of health

References

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- Vicente CR. Is Brazil Prepared for the New Era of Infectious Disease Epidemics? Journal of the Brazilian Society of Tropical Medicine. 2020: 52:e20200218
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COVID-19: Situation, Response, Lessons Learned in India

Dr. Jugal Kishore

MBBS, MD (Com Med AIIMS), PGCert. H&FWM,
PGDEE, MSc (Sustainable Dev), ACME, PhD (Psychiatry),
FAMS, FIMSA, FIPHA, FIAPSM, FIPMAAMS, FISCD, FIASS, FIAAH

Director Professor & Head

Department of Community Medicine

Vardhman Mahavir Medical College & Safdarjung Hospital

New Delhi, India

Coronavirus Cases:

24,612,360

Deaths: 835,312

Recovered: 17,080,960

ACTIVE CASES 6,696,088

Currently Infected Patients

6,634,690 (99%) in Mild

Condition

61,398 (1%) Serious or

Critical

CLOSED CASES 17,916,272

Cases which had an

outcome: 17,080,960 (95%)

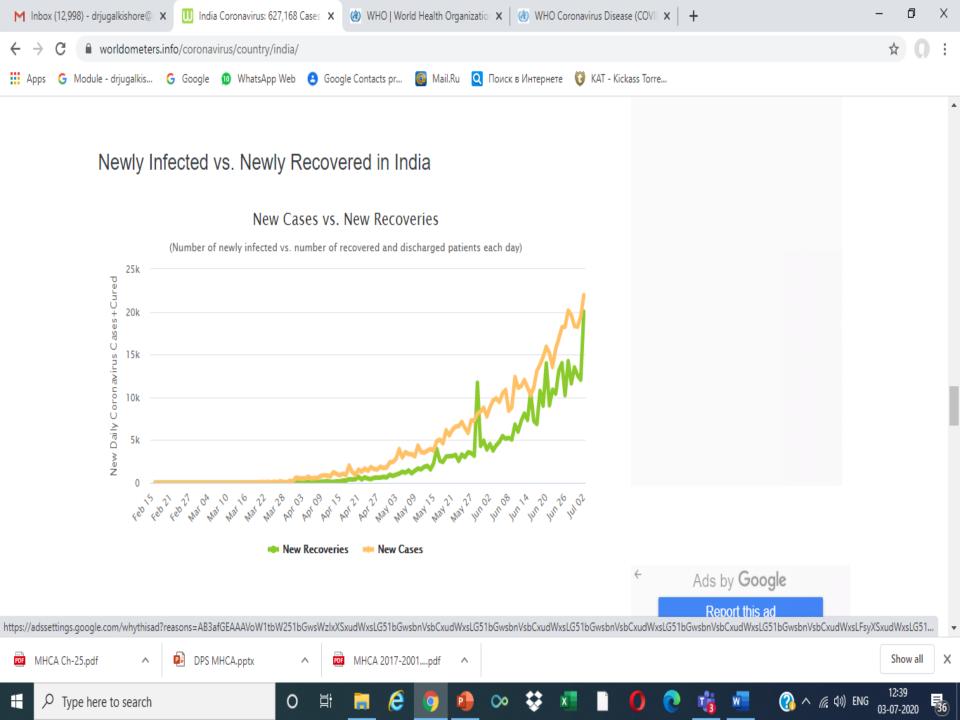
Recovered / Discharged

835,312 (5%) Deaths

#	Country, Other World	Total Cases 24,605,876	New Cases +263,333	Total Deaths 834,791	New Deaths +5,879
1	<u>USA</u>	6,046,634	+46,286	184,796	+1,143
2	<u>Brazil</u>	3,764,493	+42,489	118,726	+970
3	<u>India</u>	3,384,575	+76,826	61,694	+1,065

2 - 14 days

Possible outliers: 0 - 27 days



Preventive and Control Strategies

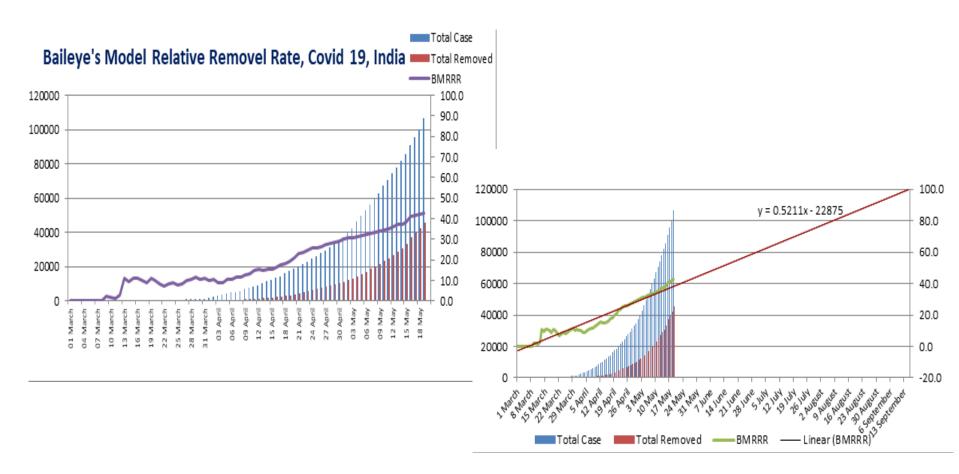
- Activation of Epidemic Disease Act/Public Health Act
- International entry
- Surveillance/ Outbreak investigations/ Contact tracing
- Risk communication
- Community Involvement
- International comparison of strategies
- Triage system
- Isolation
- Quality of care/ Infection control/Biomedical waste management
- Handling Dead bodies
- Mental Health/Counseling/Stress management/Dealing with stigma

- 1. Sustainable development
- 2. Change in Political Leadership
- 3.Scientific aquamen of the people should raise
- 4.Democratic system should be strengthen and Human values should be cherished

Lessons Learned

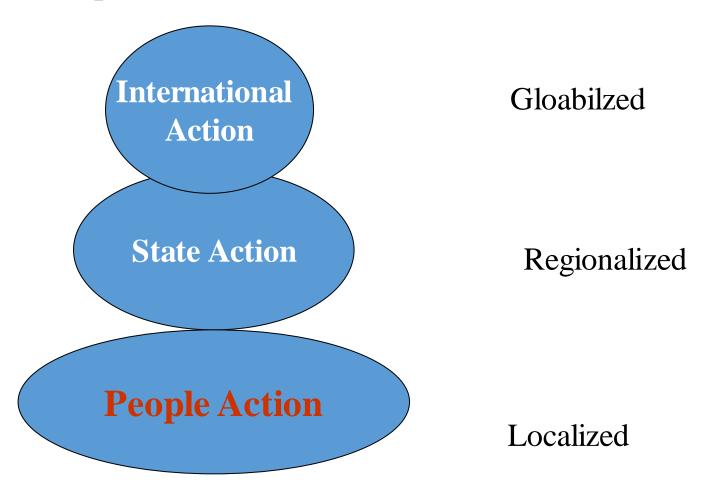
- Infectious disease doesn't respect any border, race, religion, economic status and caste.
- 2. Investment on Health is highly beneficial at the family, community, national and International level.
- 3. Basic principals on **Sanitation and Hygiene** always work.
- 4. Use of Technology
- 5. Change of Lifestyle

Kumar A, Roy R. Application of Mathematical Modeling in Public Health Decision Making Pertaining to Control of COVID-19 Pandemic in India. Epidem Int 2020; 5(2): 23-26.



Considerations

Development should be based on



Points for Q&A session

Sustainable Development

=

Economic Development should be sustained

???

- More industries
- More buildings
- More cars
- •More home appliances
- More personal gadgets
- •More tourism, etc...





COVID-19: Situation, Response, Lessons Learned in CountryX

Dr. Aurora Aragón Independent consultant Nicaragua

COVID-19 situation- Context





Nicaragua



Sin señales de recuperación

Las perspectivas de crecimiento presentadas por el Banco Mundial ubican a Nicaragua como el país de la región con el peor desempeño económico durante los próximos dos años.



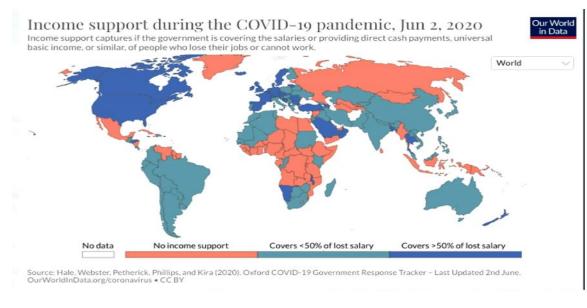


Fuente: Banco Mundial (BM)

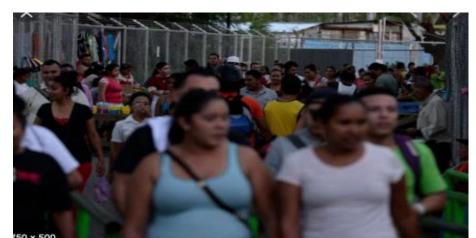
COVID-19 situation- 2020, Two parallel worlds

Government Reckless response to COVID-19

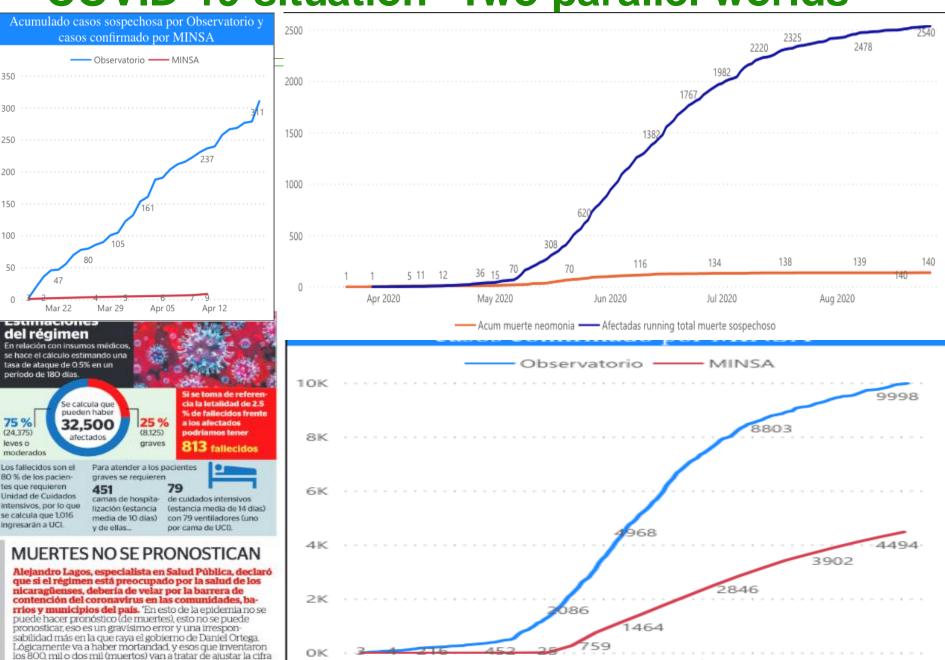








COVID-19 situation- Two parallel worlds

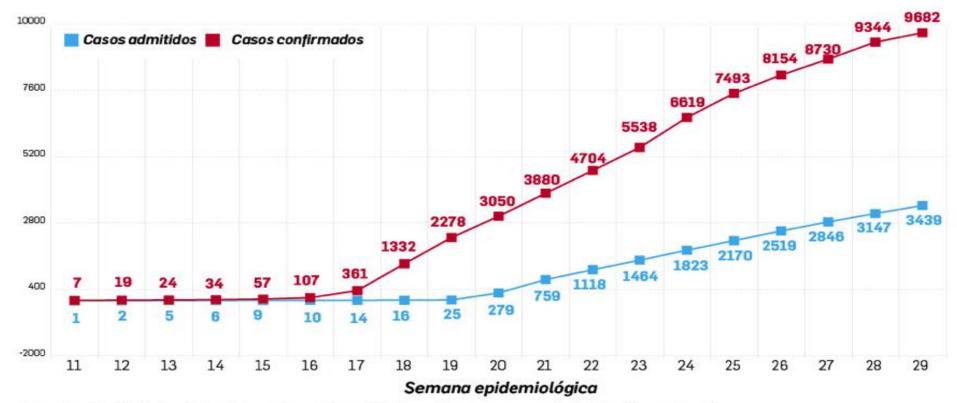


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COVID-19 situation- Two parallel worlds

Gobierno de Daniel Ortega ha ocultado más de 6200 casos de covid-19 en Nicaragua

Mientras el Ministerio de Salud afirmaba públicamente que a principios de mayo había 25 casos de covid-19 en Nicaragua, las pruebas realizadas confirmaban 2253 casos más. Al 24 de julio de 2020, el Minsa había ocultado 6243 casos.



Fuente: Análisis de datos de pruebas del covid-19 en Nicaragua, por el doctor Álvaro Ramírez.

Government

From the beginning to today

- No restrictions
- · Masks forbidden among health personnel
- Promotion of mass activities
- Governmental institutions, public schools and public universities were forced to stay open
- Primary Health Care personnel visited houses at communities (without protection) asking if there was any sick person and providing recommendations
- Government media misinformed the population not to be afraid of the virus, that with influenza vaccines were protected, or that our population was strong to resist the viral infection insinuating that only rich people is affected
- Lab tests (rt-pcr) were not available for hospitals and private services but Ministry of Health
- Death certificates of symptomatic covid cases were officially declared as "community pneumonia" unrelated to covid-19
- Until now ,Government institutions has not stopped their work, those people that got ill have been permitted to stay at home without being tested or officially diagnosed.

Citizenship/Private companies, Organizations

- Creation of Multidisciplinary scientific committee (education, information through fb, twitter, youtube)
- Nicaraguan Medical Union
- Citizenship Observatory covid-19
- Catholic church and civil organizations (collecting money or donations to provide PPE to health personnel)
- Solidarity chains (in neighborhoods or online ex: journalists)
- Covid-19 line for inquiries
- Call for voluntary quarantine if it was possible
- Distribution of cleaning kits and masks in popular markets and disadvantaged communities
- As the disease progressed, and news of several death due to covid-19 were spread along communities, parents, voluntarily decided not to send their children to schools, elderly people stayed at home,
- In parallell, private clinics, and labs were crowded with people looking for clinical diagnosis, and medical prescriptions and pharmacies were crowded with people buying medicines with and without prescription

CONFIDENCIAL

Política Opinión PxMolinA Economía Nación Reporte ciudadano Membresía English

ENGLISH

Medical Associations in Nicaragua Call for a 4-week "Voluntary Quarantine" June 23, 2020 8:00AM EDT

Available In English Español

Nicaragua: Doctors Fired for Covid-19 Comments

Cases Unreported Amid Government Mismanagement

CORONAVIRUS NICARAGUA

Reportan 104 sanitarios y 44 maestros muertos por COVID-19 en Nicaragua

EFE | Managua | 16 ago. 2020



Lessons Learned

- As time went by, and with government officials seriously ill or dead from COVID-19, a growing number of officials began to use protection in public
- With hospitals crowded with severely ill patients, and reduced health personnel (some ill, some died), means of protection has been allowed
- Mass activities have been reduced stimulated by local leaders decision or by not participation of population, but not by the high level
- The large informal sector, those underemployed never stopped working, but now is more frequent to see them wearing masks and carrying alcohol with them
- Supermarkets, government institutions, public restaurants and services are now measuring temperature and provide alcohol to clean the hands of customers.

Considerations

- Nowadays, as the pandemic goes, population has become to be relaxed..
- Mass activities continue to be stimulated by the government
- Due to severe criticisms, at the end of May, the government presented their report arguing that their strategy responds to the need to keep the balance of the economic impact with the pandemic impact... Although not officially informed, pro-government media and government officials, have argued that Nicaragua decided for herd immunity comparing their decision with Sweden...
- Underreporting and under-registration of cases and deaths do not allow to understand the real impact of the pandemic in Nicaragua
- It is believed that we have seen only the tip of the iceberg

Points for Q&A session

 Include any question that you may want to highlight in the Q&A session





COVID-19: Situation, Response, Lessons Learned in Dar es Salaam, Tanzania

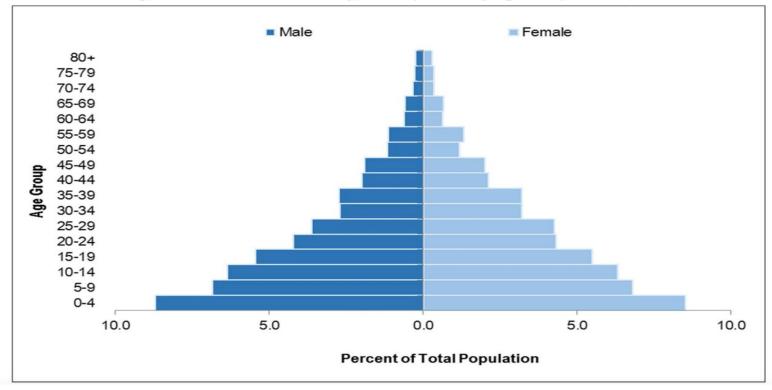
Chambi Chachage Princeton University

Tanzania: Demographics - I

Population Distribution and Average Annual Intercensal Growth Rate by Region, Tanzania

	Population (number)			Annual
Region	2000 Census	2012 Census	2019	Growth Rate
		2012 001.000	Projections*	(projected)
Tanzania	34,443,603	44,928,923	55,890,747	3.1

Percentage Distribution of the 2019 Projected Population by Age Group and Sex, Tanzania



Source: Tanzania's National Bureau of Statistics (NBS).

Tanzania: Demographics - II

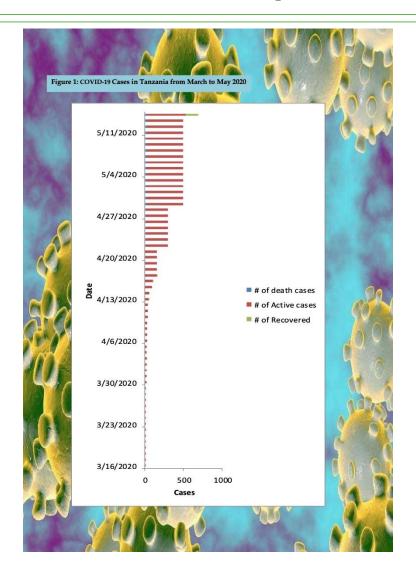
Summary of Selected Demographic Indicators; Tanzania, 2019

Indicator	Tanzania	Mainland	Zanzibar
*Fertility			
Child-Woman Ratio	0.7	0.7	0.6
*Mortality			
Total Life Expectancy at Birth	65.5	65.4	67.6
Life Expectancy at Birth: Male	63.2	63.1	65.2
Life Expectancy at Birth: Female	67.8	67.7	70.0
*Vital Rates			
Growth Rate (Percentage)	3.1	3.1	2.9
*Annual Births and Deaths			
Births	2,101,519	2,052,361	49,158
Deaths	364,920	357,484	7,436
*Population			
Percent Females 15-49	48.2	48.2	49.6
Sex Ratio	95.9	95.9	94.8
Dependency Ratio	0.9	0.9	0.8
Median Age	18	18	19

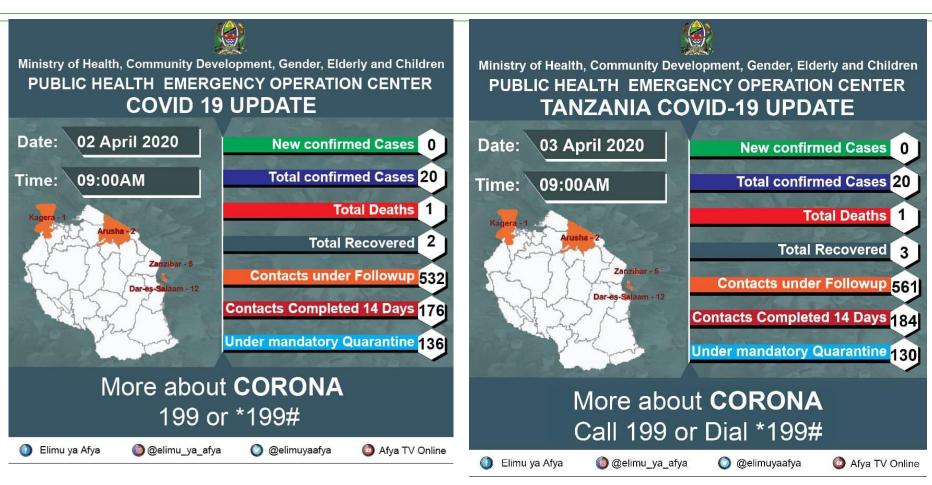
Source: National Bureau of Statistics; National Population Projections

Note: * Projected figures based on 2012 Population and Housing Census

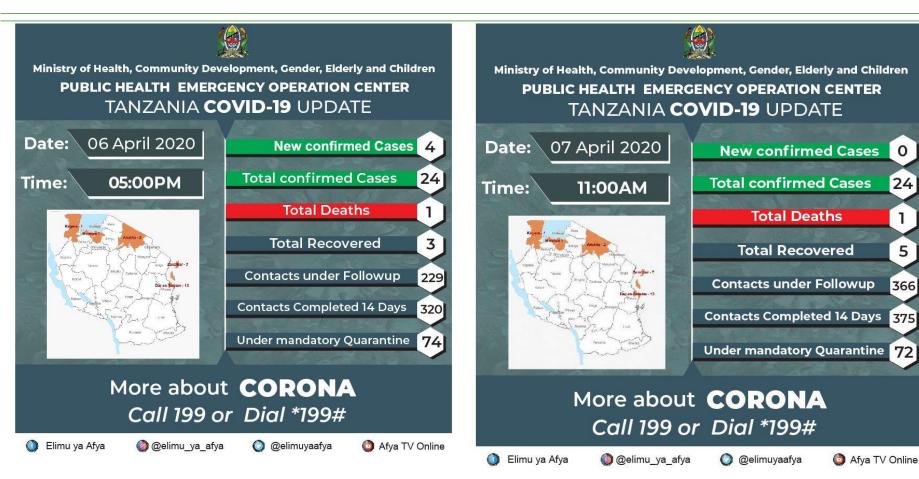
Source: Tanzania's National Bureau of Statistics (NBS).



Source: Tanzania's National Bureau of Statistics (NBS).



Source: Tanzania's Ministry of Health, Community Development, Gender, Elders and Children (MoHCDEC).

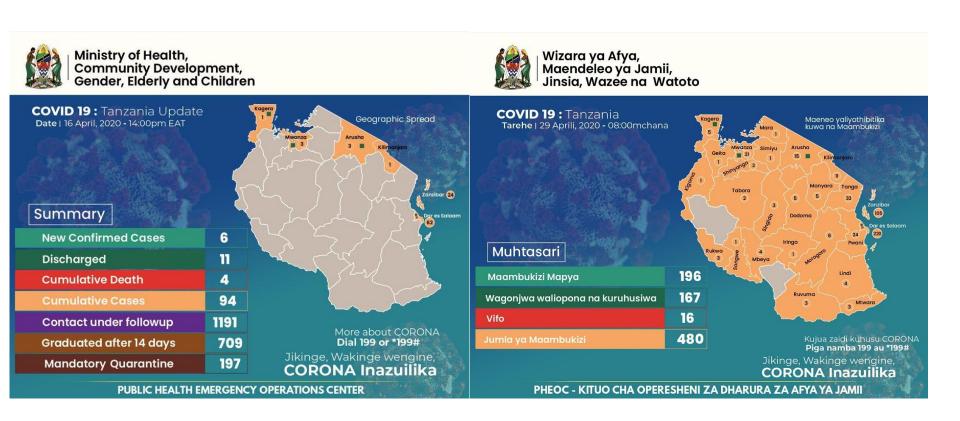


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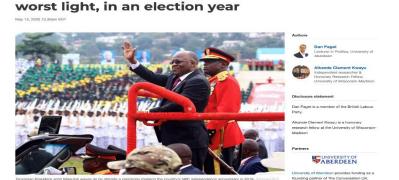
Source: Tanzania's Ministry of Health, Community Development, Gender, Elders and Children (MoHCDEC)



Source: Tanzania's Ministry of Health, Community Development, Gender, Elders and Children (MoHCDEC).







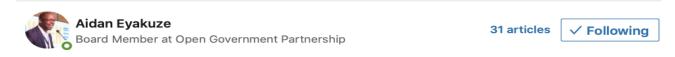




The Curious Case of Covid 19 in Tanzania: The Magufuli Approach

Pursuing herd immunity in Tanzania with data on lockdown

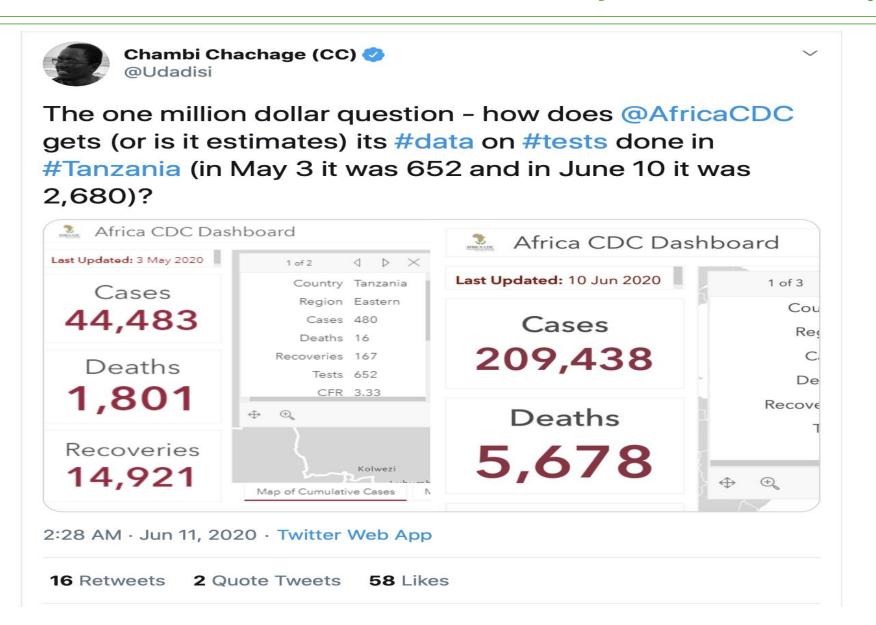
Published on June 10, 2020



Sweden is being vilified for pursuing herd immunity against Covid-19 at the relatively high cost of lives. The UK tried it for a while until the rising number of deaths – both real and projected – forced the government to introduce a lockdown.

We seem to be pursuing a strategy of herd immunity. And we are doing it in data darkness.

Tanzania's approach has been different. Rather than putting people on lockdown, we have put data on lockdown. People are more or less free, even encouraged to roam, while observing largely voluntary protective behaviours: mask-wearing, hand washing and social distancing. Data, meanwhile, is under tighter control than ever before.



The Citizen / News

President Magufuli declares Tanzania free from Covid-19

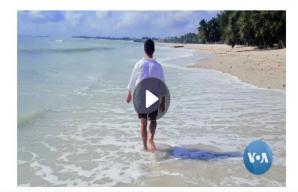
MONDAY JULY 20 2020





By Alex Malanga @ChiefMalanga amalanga@tz.nationmedia.com





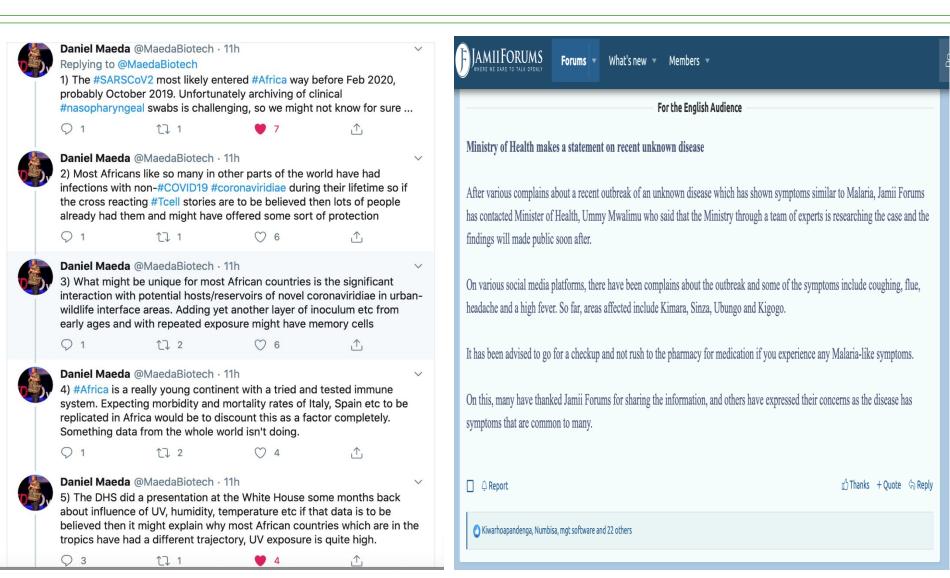


Andrew Mwanguhya = ② @TheLoveDre · Aug 30

I have a question; a question millions others must also be grappling with but without answers.

For how long is the world going to ignore **#Tanzania**? For how long are we going pretend these guys are JUST hiding cases? In **RED**, last week. 60k plus. In **yellow**-green, today. 60k plus





Government/Public Sector:

- Testing + Contact Tracing/Surveillance
- Mandatory Quarantine in Hotels then Hostel
- Designating Hospitals e.g. Amana + Mloganzila
- Adding potential areas e.g. Saba Saba Grounds
- Public Awareness Campaigns
- Deploying Community Health Workers (CHW)
- Mobilizing Funds/Fundraising
- · Closing Schools, Colleges, and Universities
- Manufacturing + Providing Personal Protective Equipment (PPE)
- Regulating public transport e.g. "level seat rule"
- Launching "Afya Call Center" [Afya means Health]

Companies/Private Sector:

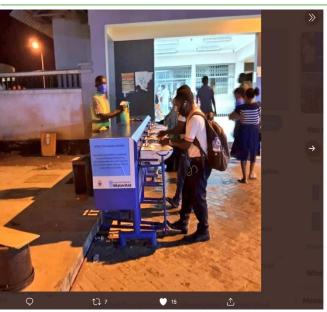
- Contributing to the government's National Relief Fund
- Manufacturing + Providing masks
- Manufacturing + Providing sanitizers & decontaminators
- Manufacturing + Providing Personal Protective Equipment (PPE)
- Public Awareness Campaigns
- Providing online education e.g. ShuleDirect and Mtabe
- Providing water for washing hands

Citizens/Civic Organizations

- Social/Physical distancing
- Washing hands with soap and running water
- Making and using traditional remedies
- Public Awareness Campaigns
- Mobilizing Funds + Resources e.g. Diaspora Council of Tanzanians in America (DICOTA)
- · Contributing to the government's National Relief Fund
- Producing skits to teach prevention e.g. Chama cha Wanawake wa Tasnia ya Filamu Tanzania (CWTF).
- Producing songs to teach prevention e.g. Rayvanny
- · Advocacy e.g. against religious gatherings
- Appeals e.g. against night burials and restrictions

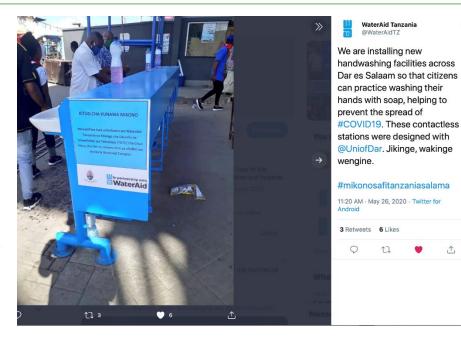
Medical/Health Workers:

- Testing + Contact Tracing
- Counselling + Treating
- Public Awareness Campaigns
- Mobilizing Funds + Resources e.g. Medical Association of Tanzania (MAT)
- Manufacturing + Providing sanitizers
- Manufacturing + Providing Personal Protective Equipment (PPE) e.g. Muhimbili National Hospital (MNH)
- Lobbying + Advocacy e.g. MAT
- · Concocting herbal medicine e.g. COVIDOL.
- Training of Community Health Workers (CHW)
- Researching and providing policy recommendations





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RESEARCH ARTICLE General Microbiology

Invitro filtration efficiency for selected face masks to bacteria with a size smaller than SARS-CoV-2 respiratory droplet

Maryam Amour, Hussein H. Mwanga, George M. Bwire

DOI: 10.21203/rs.3.rs-28705/v1 **Download PDF**

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"This study supports the use of cotton cloth (at least double layer) face coverings in public settings where other social distancing measures are difficult to maintain to prevent the spread of infection from the wearer" – Authors of the Article, all based at Muhimbili University of Health and Allied Sciences (MUHAS)

Source: https://www.researchsquare.com/article/rs-28705/v1

Letter to the Editor | Open Access | Published: 09 March 2020

Coronavirus disease-2019: is fever an adequate screening for the returning travelers?

George M. Bwire ≥ & Linda S. Paulo

<u>Tropical Medicine and Health</u> **48**, Article number: 14 (2020) Cite this article

60k Accesses | 18 Citations | 56 Altmetric | Metrics

"On the other hand, body temperature screening (fever) is the major test performed at points of entry, i.e., airports, in the returning travelers in most of the countries with limited resources. However, the recent report on asymptomatic contact transmission of COVID-19 and travelers who passed the symptoms-based screening and tested positive for COVID-19 using reverse transcription polymerase chain reaction (RT-PCR) challenges this approach as body temperature screening may miss travelers incubating the disease or travelers concealing fever during travel. On this note, travel restrictions to and from high risk areas and/or 14 days quarantine of travelers coming from high risk areas are recommended to prevent possible importation of COVID-19. Currently, RT-PCR is a reliable test in detecting both symptomatic and asymptomatic COVID-19" – Authors, all based at the School of Public Health and Social Sciences, Muhimbili University of Health and Allied Sciences (MUHAS)

Source: https://tropmedhealth.biomedcentral.com/articles/10.1186/s41182-020-00201-2

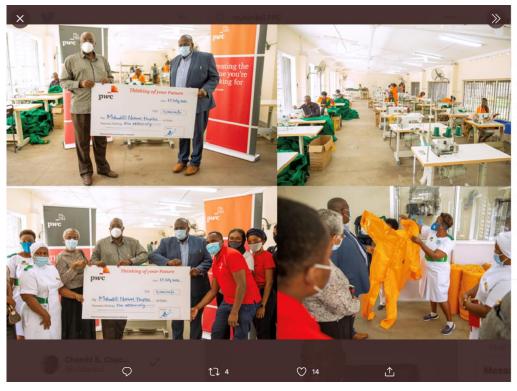


PPE OUTPUT UP BY 400 PERCENT

▲ LYDIA SHEKIGHENDA ## 20/05/2020 © 0 Comments

PRODUCTION of Personal Protective Equipment (PPE), for health workers who are taking care of Covid-19 patients has increased by 400 percent in one month since the Muhimbili National Hospital embarked on production of the protective gears.

Source: Daily News, a government newspaper.





On 17 July 2020, we made a contribution to Muhimbili National Hospital's personal protective equipment (PPE) factory in Dar es Salaam, which manufactures PPE for the hospital use. PPE remains essential for the frontline healthcare workers who are combating the Covid-19 pandemic.

11:02 AM · Jul 17, 2020 · Hootsuite Inc.





Regional Agenda

COVID-19 Better Business

Family Businesses

COVID-19: This Tanzanian recycling plant is retooling to make face masks



This Tanzanian business has started making face masks during COVID-19

Image: REUTERS/Stringer



04 Jun 2020

Reuters Staff









This article was updated on 19 August 2020.

- · A recycling plant in Tanzania has started making and selling plastic face masks during the COVID-19 pandemic.
- The plant used to process and export waste paper to customers in China and India.
- Zaidi Recyclers has made thousands of shields so far and they are being used in hospitals around the country.



Check out our new blog @undptz highlighting its support to a 3D printing community in designing, fabrication & distribution of #PPE in response to #COVID19 pandemic read more at bit.ly/3dyzQz4 @RobotechLabsTZ @bogohe @UNDPAfrica @UNDP @UNDPAccLabs @UnitedNationsTZ



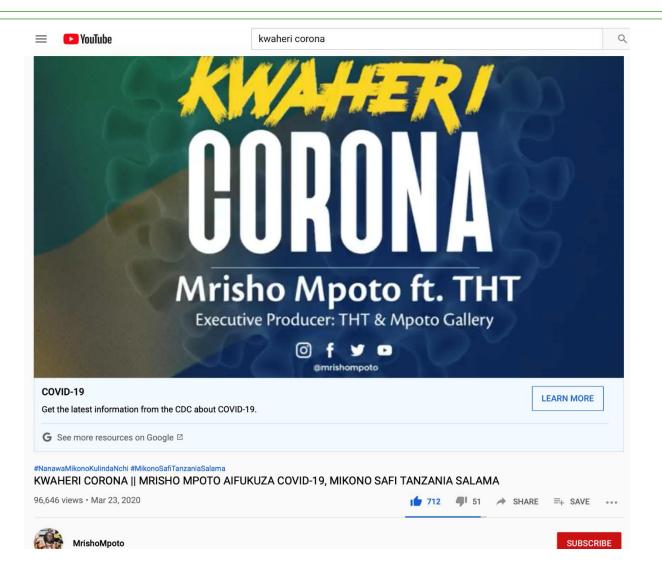
1:30 AM · Jun 5, 2020 · Hootsuite Inc.

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We undertook crowd sourcing of 3D printers across Tanzania...about 12 printers were solicited...at the time of writing, this collaboration had led to designing, fabricating, and distribution of over 2000 units of various PPEs to support Tanzanian front line health workers in various public and private hospitals" - https://www.tz.undp.org/content/tanzania/en/home/blog/PPE3DprintingtofightCOVID19inTanzania.html







Association of Tanzar

Nassor Bassalama Kampeni ya Dhibiti Mlipuko: COVID-19 Tanzania

Dr. Frank Minja

President, DICOTA, Moderator

Register Now: https://bit.ly/3bvaa5e

TZDiaspora

TOGETHER WE CAN HELP TANZANIA FIGHT COVID-19

https://www.gofundme.com/f/dhibiti-mlipuko-covid19-tanzania

Dhibiti Mlipuko: COVID-19 Tanzania



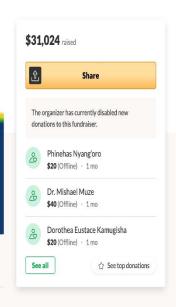
Q Search How it works

✓ Start a GoFundMe



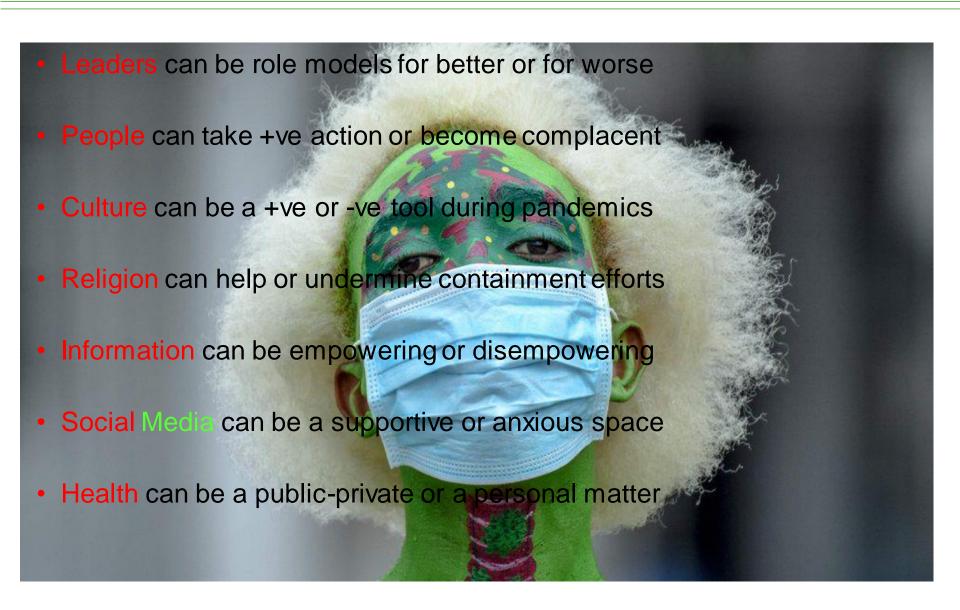
gofundme







Lessons Learned



Considerations

 Action(s) taken during the first, proactive phase may have helped Tanzania weather COVID-19.

- Lack of public data on COVID-19 in the current second, complacent phase inhibits projections.
- Both phases continue to inspire some plausible hypotheses, but they remain that – speculative.

How To Survive the Coronavirus in Africa

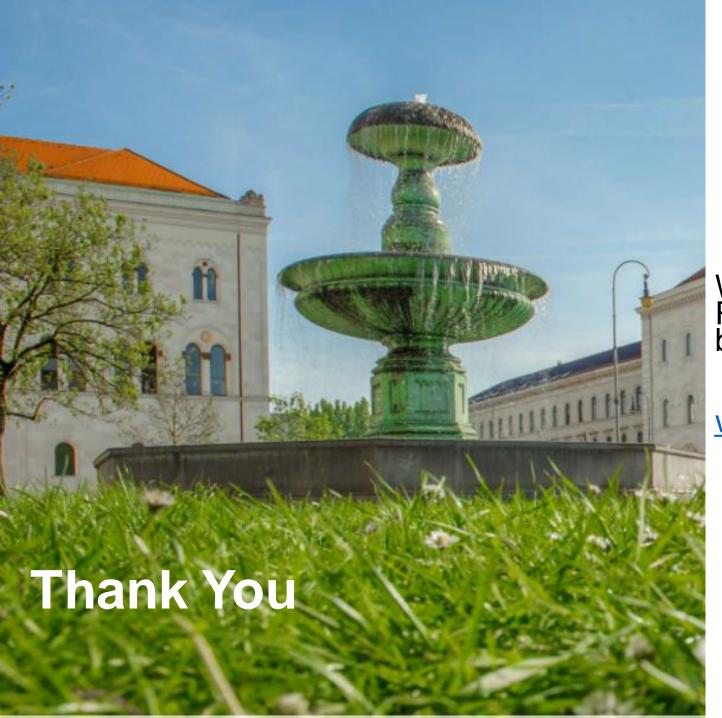
In a country with no lockdowns or enforced social distancing, navigating a pandemic comes down to social responsibility







Tanzanian performing artist Alex Kalemera (R) helps a food vendor wash her hands in Dar-es-Salaam (Boniface/Getty Images)



Webinar Recording will be available via:

www.cih.lmu.de