

Confederation of Medical Associations in Asia and Oceania

CMAAO Karachi Statement on Health Care in COVID-19 Pandemic

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Our world suffered one of the worst pandemics ever since Influenza devastated the world population a century ago. In December 2019, a novel coronavirus (SARS-CoV-2) appeared in the city of Wuhan, in the People's Republic of China rapidly engulfing the world with the deadly virus (World Health Organisation declared Pandemic). Unfortunately, little was known about the novel virus at that time and many countries initially followed their existing pandemic influenza response plans. However, this global pandemic turned out to be different from the others.

World Health Organisation (WHO) warned of the potential widespread community transmission and developed protocols to flatten the infection curve to strengthen health care services¹. Clinicians and researchers prepared management protocols based on shared data and evidence. Travel Restrictions, Isolation, Quarantine and community lockdown policies were adopted at the State levels. Hospitals were modified to cater for Critical Care Services with Isolation wards, High Dependency Units and Intensive Care Units equipped with ventilators and respiratory support systems.

Initially, COVID-19 presented as a respiratory distress disease but soon with the surge of new waves and mutation of the virus, multi-organ dysfunction and failures caused rapid spread and massive fatalities. There were no specific vaccines available. However, WHO played an active role in compelling scientists and researchers to discover effective vaccines with a speedy trial approach. Countries prepared their populations with awareness campaigns regarding protective measures, using all available resources from State, Medical Associations, Health professionals, Community workers and international health organizations. Industries worked on mass-scale protective equipment production. Information technology professionals designed applications for telehealth and telemedicine. These systematic and collaborative efforts gave hope to people around the world.

In addition, the healthcare in COVID-19 also affected the provision of healthcare through the problems it caused for the healthcare providers. The communities of healthcare providers around the globe were severely stressed as frontline healthcare workers suffered massive casualties; the spread of disease to their family members and hard stressful long working hours with detached family life resulted in mental disorders in numerous cases. However, their heroic work was duly applauded by the public. Establishing an effective medical network with sharing of knowledge, experience and best practices of disease control, enabled infectious disease cases to be attended at the

community level and reduced the impact on the healthcare system². Furthermore, different countries played their respective functions and roles in progressively developing methods for providing care to the people through education and research³⁻⁵. Now the vaccines are available, and an effective vaccination program is underway.

The Challenges to Healthcare Communities

The virus that caused the COVID-19 pandemic is not going away, we are learning to live with it. However, even with large-scale global vaccination and protective programs in place, the world still faces a variety of issues ahead. For example, anti-vax and anti-mask groups, the spread of misinformation and growing distrust about the disease and vaccination, inequalities in vaccine roll-out programs and availability and shortage of trained human resources. The issues are further complicated by the corrupt and vulnerable healthcare systems in the lower and middle-income countries (LMICs) along with poverty and illiteracy that impedes the provision of basic health for all. The healthcare communities need to understand the current issues and anticipate potential concerns to stay abreast with the pandemic and prepare appropriately to provide healthcare.

Impact of COVID-19 on Healthcare Systems

The crumbling of the healthcare systems in many advanced and almost all the LMICs during the peak of the COVID-19 pandemic uncovered the high magnitude of incompetence and unpreparedness of the healthcare systems for tackling such disasters. There is a dire need for establishing and activating cross-governmental, multi-agency national pandemic preparedness committees that meet regularly and work on a contextually relevant plan for minimizing the effects of the atrocities caused by the pandemic.

During the pandemic medical routine cases suffered a lot, which needs to be managed during this type of pandemic.

Impact of COVID-19 on Ethical Practices

Although healthcare providers, researchers and institutions showed a high level of commitment during the pandemic, however, there were concerns regarding ethical principles of beneficence, non-maleficence and justice in clinical decision-making in the pandemic⁶⁻⁷. Therefore, there is a need to develop an ethical framework to govern pandemic policy development and implementation. The framework should safeguard the rights of the people as much as possible, along with ensuring the greater good.

Impact of COVID-19 on Health Professions Education

During the past three years of the pandemic, the world in general and LMICs specifically experienced great learning losses in all disciplines. The learning losses in health professions are among the highest in terms of impact on society. The move toward online education in many places, although continued the educational process, severely impacted the quality of training of health professionals. The aftershocks of this disaster may be felt for a long time to come. To minimize these after effects, we need to implement learning recovery programs, protect educational budgets, and prepare for future shocks

<https://www.worldbank.org/en/news/opinion/2021/04/02/the-impact-of-covid-19-on-education-recommendations-and-opportunities-for-ukraine>).

Effects of Climate Change

Many of the root causes of climate change also increase the risk of pandemics. Deforestation, which occurs mostly for agricultural purposes, is the largest cause of habitat loss worldwide. Loss of habitat forces animals to migrate and potentially contact other animals or people and share germs¹¹. Large livestock farms can also serve as a source for spillover of infections from animals to people. Less demand for animal meat and more sustainable animal husbandry could decrease emerging infectious disease risks and lower greenhouse gas emissions. The use of antibiotics in animal husbandry must be judicious to prevent antimicrobial resistance. These and other factors of climate change need to be kept in mind while planning for the future of healthcare in the world.

The Way Forward

- Activate government national committee for preparedness plan and ethical framework to govern pandemic policy development and implementation. Establish mechanisms to set up and update emergency response plans.
- Keep coordinated efforts among all government departments. There should not be any difference of action between the different government silos.
- Provide relevant public health information to the public, for appropriate actions to protect their health and safety, to minimize social and economic disruption.
- Step up infodemic management to combat misinformation, fake news and disinformation. Conduct awareness campaign clearly and transparently with the population and stakeholders, using media channels, press and social media to tackle vaccine hesitancy.
- Develop and build public trust through scientific evidence and advise to keep following protective Standard Operational Procedures of COVID -19 especially in crowded areas. Vaccination drive to continue. Careful planning and monitoring are essential to provide adequate supplies, venues and workforce¹⁰ for effective purchasing, distribution and dispensing of vaccines. Equity must be maintained across regions.

- Ensure the role of countries to provide physical, mental health and financial support for health workers.⁹ Providing PPE, regular testing, and training of health workforce.
- Provide capacity building in pandemic response for adequate health workforce by scaling-up existing capacity and recruiting additional health workers in case of surge of COVID-19 or any other pandemic.
- Maximise the existing and future technologies including artificial intelligence⁸ to fight pandemics with strict adherence to ethical guidelines.
- Establish sufficient and stable source of funding to meet the future pandemic needs⁹. International initiatives can also be helpful, as with the dedicated recovery funds, the United Nations (UN), Asian Bank, and the World Bank to deal emergency situations.
- Confederation of Medical Associations of Asia and Oceania, World Medical Association, WHO, Centre for Disease Control & other public health organizations should collaborate to work coherently to be vigilant and monitor for surge of COVID-19 or any other new pandemic.

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