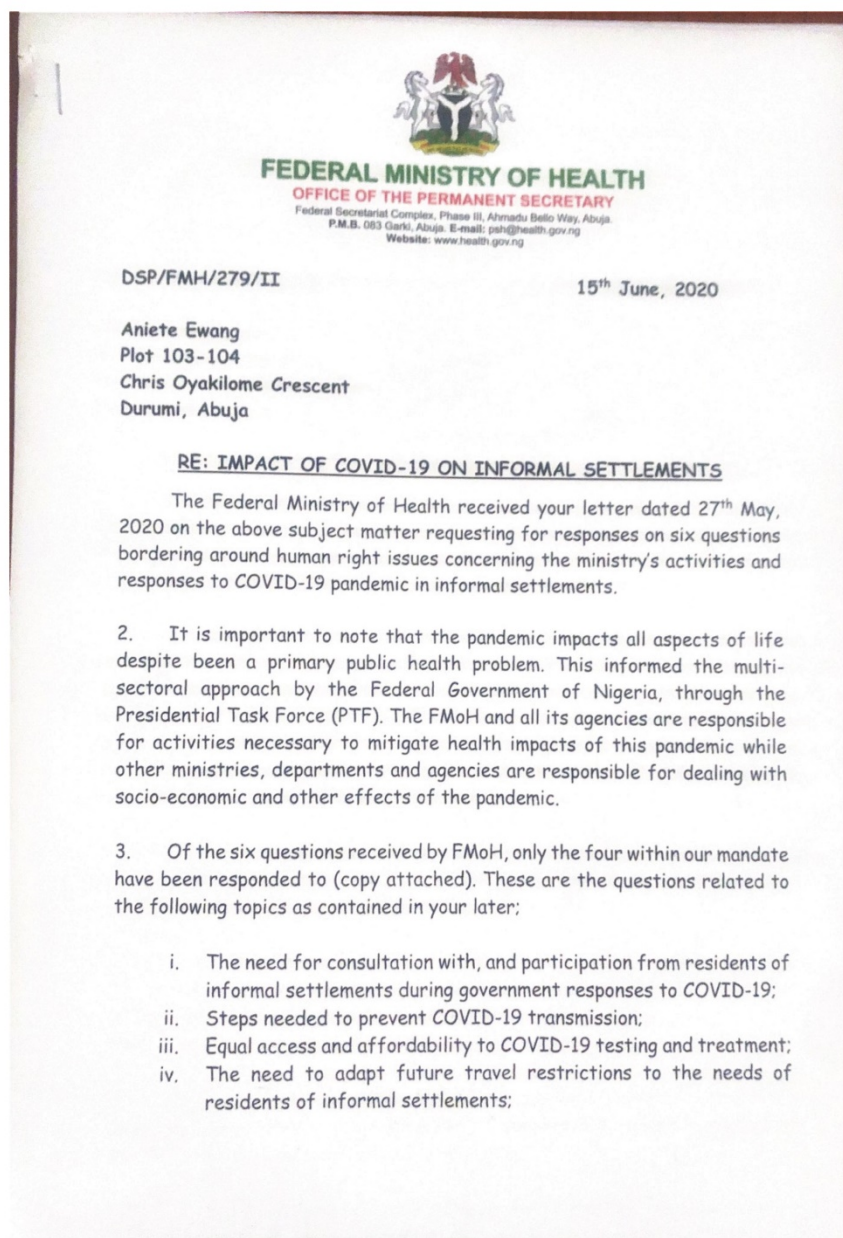


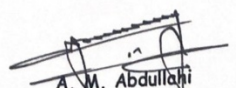
## Annex III: Letter from Federal Ministry of Health, June 15, 2020



4. The FMOH did not respond to the other two questions as they are not within our mandate; these are:

- i. Economic assistance to residents of informal settlements;
- ii. An end to forced evictions.

5. Please accept the assurances and warm regards of the Honourable Minister.

  
A. M. Abdullahi  
Permanent Secretary  
For: Honourable Minister

## KEY TOPICS AND QUESTIONS ON THE RESPONSE TO THE IMPACT OF COVID-19 ON INFORMAL SETTLEMENTS

Response to COVID-19 pandemic is a whole country intervention due to the magnitude and multisectoral nature of its impact. Therefore, the Federal Ministry of Health is mobilizing all its departments, agencies, programmes and partners to leverage on complementarities and galvanise a whole sector response that is well coordinated. In Nigeria, we are in community transmission phase and all efforts and interventions put in place to break transmission are non-discriminatory irrespective of the place of residence within the country. The following are summarized responses to some of the questions raised and they are by no means exhaustive of our enormous interventions.

### TOPIC 1. CONSULTATION AND PARTICIPATION

*Please could you describe what steps your institution is taking to consult with community leaders and residents of informal settlements in developing responses to COVID-19 crisis?*

#### **Consultation and Participation of Community Leaders**

Some of the current steps are drawn from our previous interventions such as lessons learnt from polio eradication initiative in Nigeria which shows that engaging communities through their leaders and gatekeepers play a critical role in ensuring high rate of compliance with interventions and enhance community ownership of the process of communication interventions. Community leaders help to reduce resistance, deal with rumours, and mobilization of resources to support activities. They also monitor activities and enhance community trust. Also, community volunteers play a pivotal role in disseminating accurate and credible information in the communities. Engaging community leaders and volunteers during the COVID-19 outbreak control will build

trust and ensure compliance with prevention measures, thereby reducing harm and spread of the virus.

#### **Goal of the engagement**

The overarching of traditional and religious leaders and community volunteers during the COVID-19 outbreak control is to reduce community transmission of COVID-19 through a people-centred approach to awareness creation and behavioural change.

#### **Objectives of the engagement**

- To ensure appropriate, accurate and credible information with regards to the infection, prevention and control of COVID-19 is available to community members
- To increase community participation in awareness creation on the risk of COVID-19
- To improve compliance with COVID-19 prevention measures at the community level
- To mobilize community resources to support awareness creation, infection, prevention and control of the new coronavirus

#### **Target**

- Traditional leaders & Religious Leaders: These include Northern Traditional Leaders Committee on Primary health care delivery (NTLC), Da'awah Coordination Council of Nigeria (DCCN), Federation of Muslim Women Associations in Nigeria (FOMWAN), Nigeria Interfaith Action Association (NIFAA), Christian Association of Nigeria (CAN), Pentecostal Fellowship of Nigeria (PFN), Catholic Women Organization (CWO) and other prominent traditional and religious leaders in the State. • Ward Development Committees (WDCs) and similar structures where they don't exist.



- Community Volunteers such as Community Health Influencers Promoters and Services (CHIPS), Volunteer Community Mobilizers (VCMS), Community Oriented Resource Persons (CORPS), and Proprietary and Patent Medicine Vendors (PPMVs).

## TOPIC 2. PREVENTING COVID-19 TRANSMISSION

*What steps are you taking to provide residents of informal settlements with information about corona virus transmission and prevention and also the basic services (e.g water and sanitation facilities) urgently needed to help prevent the spread of COVID-19 in informal settlements*

### **Steps to Provide information about COVID-19 transmission and prevention in Informal Settlements**

The FMOH and its agencies ensures that the right information gets to the communities whether formal or informal settlements. This is because information empowers individuals and communities to take responsibility. It is likely that hygiene, water and social distancing may be challenging in informal settlements the people are still advised to practice them as much as possible while ensuring other preventing measures such as use of masks, hand sanitizers and respiratory hygiene.

#### **Specific interventions include**

- a. Spread key messages in the community about measures people can take to prevent the infection.
- b. Create awareness about signs and symptoms of suspected cases (**case definition**) leading to early detection and referral of suspected COVID-19 cases.
- c. Ensure appropriate and accurate information with regards to the prevention and control COVID-19 as community spread expands to our most disadvantaged populations
- d. Mobilize communities and provide guidance on taking precautionary measures and quick linkages to available care and support

- e. Take appropriate steps to limit the spread of the infection through the services they provide.

Information dissemination and communication is targeted at the following:

1. Traditional, Community and Religious leaders
2. Civil Society Organisations (NGOs, FBOs & CBOs)
3. Trade & Professional Unions & Associations
4. Market, Transport Ethnic Unions & Associations
5. Traditional health providers
6. Local theatre groups
7. Rural community dwellers
8. Urban and semi-urban dwellers
9. Children
10. Young persons and Adolescents
11. High Risk Persons such as Elderly, Persons with compromised immune system, chronic medical conditions
12. Persons that are variously challenged (Persons with Disabilities)
13. Media: local, and Telecommunication Institutions
14. Managers and service providers across the health sector (public and private)
15. Health Promotion Forum and Coordination structures at National, state, LGA and Ward levels

### TOPIC 3 EQUAL ACCESS TO COVID-19 TESTING AND TREATMENT

*Please could you describe what efforts your institution is taking to ensure that access to testing and treatment is equally available, accessible and affordable to residents in informal settlements as it is in other areas of the Lagos metropolitan area?*

Diagnostic testing is an essential response strategy to interrupt the transmission of COVID-19 pandemic by informing patient management and identifying positive cases, which can then be isolated. The Federal Ministry of Health through the Nigeria Centre for Disease Control (NCDC) has prioritised testing as one of the key strategies to the COVID-19 response in Nigeria. In order to contain the outbreak, the Government of Nigeria is continuously scaling up diagnostic testing to cover all 36 States plus the Federal Capital Territory (FCT). There were about four functional molecular laboratories with the capacity to test COVID-19 at the beginning of the pandemic but these has been increased to 33 as at today.

As global shortages of diagnostic kits and laboratory consumables increasingly impacts the optimal functionality of the laboratory system in Nigeria and across the world, an adaptive testing strategy is been adopted to ensure the most vulnerable persons, those at elevated risk, and those with super spreading potential have access to testing. It is true that testing strategies may continue to change based on stage of spread of disease and available resources; social status or place of abode has never been and will not be a reason for anyone to be denied or given access to testing. The government takes responsibility for the cost of the test, it is free for all Nigerians hence providing equal access to all. The following are our testing strategies currently at different level of implementation:

Prong 1: Expand Existing NCDC Laboratory Network with Molecular RT-PCR

Prong 2: Leverage Capacity within the High-Throughput HIV Molecular Testing Laboratories

Prong 3: Repurpose Point of Care Tuberculosis Testing GeneXpert Machines for Covid-19 Testing

Prong 4: Private Sector Engagement



Prong 5: Future Use of Antigen and Antibody Tests to Learn More about the Disease

As the transition from sporadic cases to community transmission can be extremely rapid, the testing strategies outlined are being pursued nationally, while implementation of the testing modalities will be implemented in phases as the resources become available. It is possible that these scenarios may be occurring at the state level and various states will be at various stages of the pandemic. While some states are testing based on presence of symptoms or history of contact others are doing house to house testing. The success of this strategy is dependent on the ability to leverage existing molecular diagnostics resources in the country to support the COVID-19 response.

Current protocol for treatment is management in isolation facilities and designated hospitals irrespective of social status or settlement. All aspects of treatment are at no cost to the patients therefore providing equal access to all. As the number of cases continue to increase there may be need for home management of carefully selected cases based on clinical reasoning. This may be challenging in informal settlements due to overcrowding and high population density. If home treatment becomes necessary, decisions will be based on medical eligibility.

TOPIC 4. ECONOMIC ASSISTANCE FOR RESIDENTS OF INFORMAL SETTLEMENTS

*Please could you describe what efforts that you are taking to ensure that all residents of informal settlements in need of support receive adequate food, money and other essentials during the COVID-19 crisis? Do these efforts build on prior poverty reduction programs, and if so how?*