

**REMARKS OF HON. MINISTER OF HEALTH AT THE JOINT MEETING OF HON. MINISTERS OF HEALTH & FCT WITH MEDICAL DIRECTORS OF GOVT. HOSPITALS IN FEDERAL CAPITAL TERRITORY CATCHMENT AREA THURS. 2<sup>ND</sup> JULY, 2020, FCDA CONFERENCE HALL ABUJA**

**PROTOCOL**

The world has been hit by a terrible new disease caused by a new coronavirus germ, that has threatened to bring even the strongest health systems to their knees. It arguably the most easily transmitted infection known to man and has spread like wild fire to every country. The World Health Organization declared it a pandemic in March 2020 and all countries are scrambling to find ways of protecting their citizens.

2. The first case of COVID-19 arrived Nigeria on the 27<sup>th</sup> February 2020 via the Murtala Muhammed International Airport and thanks to the vigilance of our public health workers, it was detected and brought under control early enough, with effective contact tracing and treatment.

3. At that time, covid-19 † was seen as a foreign illness of persons wealthy enough to have traveled abroad and contract it there. Our early risk analysis had indeed concluded that covid-19 would be brought to Nigeria by air travelers, so we strengthened Point of Entry surveillance, particularly at airports, while keeping land and sea borders in view.

4. Covid-19 is now fully with us in community transmission phase, taking the lives of dozens of people, and it has become clear that measures to contain it, especially the lockdown that most countries went into, come at serious economic and social cost.

5. A not easily visible price we are also paying with measures to control covid-19 is the disruption of routine activities and services in daily life, which has so affected economic life that countries have had to revise their budgets, adjust their consumption patterns, endure shortages, limit free movements of citizens and prepare for economic recession. But we in the healthcare sector cannot afford negative impact on our sector and must be mindful of the collateral damage that can befall us, wipe out disease control gains we have made in past decades and threaten our not so strong health system. Efforts to control of covid19 must not be at the expense of allowing other diseases that are equally life threatening to begin to thrive and increase mortality. It would be a serious setback, if medical services, especially emergency medical service, begin to deteriorate in the wake of fighting COVID-1. There are places today, where we suspect that needless mortality from other diseases has overtaken the threat of COVID-19. We are beginning to see that fear of, or focus on coronavirus are making some health institutions lose sight of other health hazards in our communities. Immunization rate, skilled birth attendance,

RMNCH+N have declined. We must therefore take steps to ensure that we sustain routine health services to our people.

6. On our part, government has made efforts to provide PPEs to all our hospitals and conduct training for health workers on infection prevention and control so that they can stay safe as they deliver service.

7. We have gathered here today to address a matter that is becoming a serious and unhappy concern to society at large. I am talking of the frequency of reports of very sick persons being rejected and abandoned by our hospitals. Many have died having been denied attention in hospitals, or told there is no bed, often after they have made marathon journeys from one hospital to the other in search of help. Ladies and gentlemen, this is not acceptable, we cannot afford to continue to lose so many of our people, who have in fact found their way to a hospital, only to lose their lives to health conditions, some of which could have been cured. We know that not all emergencies are covid and we know that our professional oaths oblige us to save lives and do something for those who come to us for help.

8. Our calling as doctors and health workers is to save lives. We cannot at this time abandon a divine responsibility especially in case of emergency when our service is most needed. The situation calls for reexamining our system.

a. I understand that health workers are rightfully concerned about their safety in covid-19 pandemic. So, we have provided PPEs, training and an infection prevention and control protocol for doctors and nurses to discharge our duties safely, without risks to themselves.

b. I am also informed that many patients are left unattended after admission, or even die, while waiting for the result of their COVID-19 or other tests, which sometimes take as long as 3-6 days to be released. This has to change and to address it, I have directed that a side Lab for GeneXpert covid-19 diagnostic machines, which deliver results within one hour, should be deployed and activated at the National Hospital Abuja and the University of Abuja Teaching Hospital, to cut down waiting time. I also direct that basic diagnostic side labs be set up at the Emergency centers of major hospitals.

The Hon. Minister of FCT and I have agreed on a protocol to make all major public hospitals in the FCT catchment area, whether managed by Federal or FCT administration, to be covid-19 sample collection sites, to facilitate fast sample collection, reduce turn-around time for test results and bring more efficiency to the response strategy.

9. We ask all so designated hospitals to make the space available and select the health workers to undergo special training for this purpose, so that

all are prepared and equipped to protect themselves, but also scale up testing. Logistics to supply sample kits and go around to gather specimens, will be worked out with NCDC . The Hon. Minister of FCT and I shall monitor and ensure that all steps are taken to minimize the suffering of persons trying to find access to treatment and to reduce the sad testimonies that hurt the reputation of our health system. We shall also ensure PPEs and commodities are made available.

10. Finally, I appeal to all of Medical Directors, who we have specifically invited here today for this message, that we shall hold each personally accountable for the outcomes emanating from your hospitals. No emergency should be denied attention, even if it means admitting on a stretcher or examination couch to give life saving oxygen. You are to kindly ensure that patients are attended to with dignity and dispatch, in the spirit in which the Hon Minister of FCT and I have spoken.

11. Thank you for your attention.