New vaccines must be cleared for emergency use as India battles a new surge

The rise in COVID-19 cases as part of India’s ‘second wave’ has the government and public health authorities truly worried. In many ways, the concern is larger than during last year when there were several more cases. V.K. Paul, Member, NITI Aayog, who has been in the forefront of public communication on all matters COVID-19, described the ongoing situation as going from “bad to worse”. The Health Secretary, Rajesh Bhushan, has also reiterated in the last two weeks that urgent action must be taken. On March 1, concerns of a spike were still on the horizon. In a month, however, the situation appears catastrophic. The number of new active cases added on March 1, around 3,000, has now become nearly nine-fold. Daily deaths too have, in that interval, skyrocketed three-fold — from around 112 to 354. As of this month, India has administered nearly 6.3 crore doses of Covaxin and Covishield and since March 20, has been inoculating a little over 2 million every day. What is apparent is that the States registering a high number of cases — Maharashtra, Gujarat, Karnataka, Kerala and Madhya Pradesh — are also those where many are signing up for their first dose. A notable exception is Punjab. The government is also bearing down on local vaccine companies to prioritise delivery to India over their international commitments as several other vaccine candidates line up emergency approvals from regulators. So, vaccine hesitancy is not India’s most pressing problem.

India’s communication of the tides and ebbs of the pandemic has always been below par. The broader strategy by the Central and State governments is to take credit when there is a declining trend in cases and blame people’s laxity for an upward trend. More research needs to be conducted and communicated on whether mortality in the second wave is biased towards the
group yet ineligible for vaccination, and whether reinfections are an emerging problem. It was always known, from the vaccine trial data, that the inoculations were extremely effective at addressing severe disease but less so in containing infections. This aspect needs to be amplified and communicated more clearly to encourage vaccination. It is hypocritical on the government’s part to allow large religious gatherings and political melas in election-bound States and also blame normal movement for the second wave. What is needed is messaging that emphasises the realistic protective abilities from vaccination and physical distancing measures. It is also unclear why new vaccines are not being accelerated for emergency use when Covishield and Covaxin were rushed through without any local efficacy data. More vaccines and a sharpening of India’s communication strategy are essential.

Coronavirus Wave

कोरोना की नई लहर हुई विक्राल, 24 घंटे में 72,330 नए केस, 459 लोगों की मौत
(Hindustan: 20210401)

महाराष्ट्र में अकेले 39 हजार से ज्यादा केस, 227 लोगों की मौत

इससे पहले बुधवार को स्वास्थ्य मंत्रालय ने महाराष्ट्र समेत 8 राज्यों को बढ़ते कोरोना केसों के चलते चिंता वजह करार दिया था। मंत्रालय के मुताबिक देश के कुल एक्टिव केसों में 84 फीसदी से ज्यादा केस 8 राज्यों में ही हैं। महाराष्ट्र में बुधवार को कोरोना के 39,544 केस सामने आए, जबकि 227 लोगों की मौत हो गई।

दिल्ली में भी बढ़ रहा कहर, एक दिन में मिले 1,819 नए केस

राजधानी दिल्ली में भी हालात बिगड़ते दिख रहे हैं। पिछले एक दिन में दिल्ली में 1,819 कोरोना के नए केस मिले हैं और 11 लोगों की मौत हुई है। फिलहाल दिल्ली में एक्टिव केसों की संख्या 8,838 के पार पहुंच गई है। इसके अलावा उत्तर भारत में चंडीगढ़ और पंजाब में भी लगातार कोरोना का कहर बरपा रहा है। इसके चलते पंजाब ने 12 राज्यों में नाइट कमर्स का फैसला भी पिछले दिनों लिया था।

Health Care Services (Hindustan: 20210401)

https://epaper.livehindustan.com/imageview_737352_83989990_4_1_01-04-2021_0_i_1_sf.html
The cumulative number of Covid-19 vaccine doses administered in the country surpassed 6.43 crore on Wednesday.

India recorded a huge spike of 72,330 new cases of the coronavirus disease (Covid-19) in the last 24 hours which took the nationwide tally to 12,221,665, Union health ministry data showed on Thursday morning.

The infection also cost the lives of 459 people in the said timeframe - up from 354 on Wednesday - which pushed the death toll to 1,62,927, the health ministry data showed.

Huge increase of 72,330 in India's Covid-19 daily tally; 459 deaths in 24 hours (Hindustan Times: 20210401)

The number of active cases stood at 5,84,055, after a jump of 31,489 in the last 24 hours.

The Indian Council of Medical Research (ICMR) said that a total of 24,47,98,621 samples have been tested for Covid-19 up to March 31. Of these, 11,25,681 samples were tested on Wednesday, it added.

Over the past few weeks, India has been recording a spike in the number of Covid-19 cases, which has been termed as the second wave of infection by the experts. Last week, the number of daily cases were close to 60,000, concerning the government.

Though the number fell slightly this week - due to low testing during the festival of Holi - the Centre said that the situation is turning from bad to worse.

The health ministry on Wednesday said that eight states accounted for 84.73 per cent of the Covid-19 cases registered in the country. Maharashtra continues to report the highest number of daily cases, it added.

Maharashtra reported 39,544 new Covid-19 cases, 23,600 discharges and 227 deaths in a 24-hour period, according to the state health department data on Wednesday evening.

According to the Delhi health department, the national capital reported 1,819 new coronavirus cases, 399 recoveries and 11 deaths. There are 8,838 active cases in Delhi.

Punjab and union territory of Chandigarh are the other badly-hit regions. Union health secretary Rajesh Bhushan chaired a high-level meeting on Wednesday along with NITI Aayog Member (Health) Dr VK Paul, to review the status of Covid-19 in these two places and the public health measures taken for surveillance, containment and management of the disease by the health authorities.

They asked Punjab government and Chandigarh administration to effectively implement the test-track-treat strategy against Covid-19, escalate testing till the positivity comes down below 5 per cent and ensure priority vaccination of eligible population groups in districts reporting high number of cases.

Meanwhile, the cumulative number of Covid-19 vaccine doses administered in the country surpassed 6.5 crore on Wednesday, the 75th day of nationwide Covid-19 vaccination drive, health ministry data showed today.

**The second wave - COVID-19 vaccines**

**The second wave: On why new COVID-19 vaccines should be cleared (The Hindu: 20210401)**
New vaccines must be cleared for emergency use as India battles a new surge

The rise in COVID-19 cases as part of India’s ‘second wave’ has the government and public health authorities truly worried. In many ways, the concern is larger than during last year when there were several more cases. V.K. Paul, Member, NITI Aayog, who has been in the forefront of public communication on all matters COVID-19, described the ongoing situation as going from “bad to worse”. The Health Secretary, Rajesh Bhushan, has also reiterated in the last two weeks that urgent action must be taken. On March 1, concerns of a spike were still on the horizon. In a month, however, the situation appears catastrophic. The number of new active cases added on March 1, around 3,000, has now become nearly nine-fold. Daily deaths too have, in that interval, skyrocketed three-fold — from around 112 to 354. As of this month, India has administered nearly 6.3 crore doses of Covaxin and Covishield and since March 20, has been inoculating a little over 2 million every day. What is apparent is that the States registering a high number of cases — Maharashtra, Gujarat, Karnataka, Kerala and Madhya Pradesh — are also those where many are signing up for their first dose. A notable exception is Punjab. The government is also bearing down on local vaccine companies to prioritise delivery to India over their international commitments as several other vaccine candidates line up emergency approvals from regulators. So, vaccine hesitancy is not India’s most pressing problem.

India’s communication of the tides and ebbs of the pandemic has always been below par. The broader strategy by the Central and State governments is to take credit when there is a declining trend in cases and blame people’s laxity for an upward trend. More research needs to be conducted and communicated on whether mortality in the second wave is biased towards the group yet ineligible for vaccination, and whether reinfections are an emerging problem. It was always known, from the vaccine trial data, that the inoculations were extremely effective at addressing severe disease but less so in containing infections. This aspect needs to be amplified and communicated more clearly to encourage vaccination. It is hypocritical on the government’s part to allow large religious gatherings and political melas in election-bound States and also blame normal movement for the second wave. What is needed is messaging that emphasises the realistic protective abilities from vaccination and physical distancing measures. It is also unclear why new vaccines are not being accelerated for emergency use when Covishield and Covaxin were rushed through without any local efficacy data. More vaccines and a sharpening of India’s communication strategy are essential.
Vaccination
कोरोना: गांवों में टीकाकरण की मुश्किल राह, ग्रामीण इलाकों में वैक्सीनेशन पर देना होगा जोर (Dainik Jagran: 20210401)


आज से देशभर में कोरोना टीकाकरण कार्यक्रम का विस्तार किया जा रहा है। अब 45 वर्ष की उम्मीद के सभी लोगों को टीका लगाया जाएगा। सबसे बड़ी चुनौती देश के ग्रामीण धूर्दराज क्षेत्रों में टीकाकरण की है जिसका ठोंक निकालने के लिए कोई कसरत नहीं छोड़ी जानी चाहिए।

लालजी जायसवाल। भारत में कोरोना वायरस के दूसरी लहर शुरू हो गई है। उये इसमें एक बड़ी राहत की बात यह भी है कि अभी तक कुछ ही राज्यों में इस दूसरी लहर के संकेत मिले हैं। शोधकर्ताओं ने अलग-अलग अध्ययनों में पाया है कि दुनिया के अधिकांश देशों में कोरोना वायरस की दूसरी लहर, पहली से ज्यादा खतरनाक साबित हुई है। लेकिन हमारे देश में टीकाकरण के कार्यों में जो निश्चित रूप से इस संबंध में बड़ी राहत देने वाली खबर है। ऐसे में केंद्र सरकार ने निर्णय लिया है कि आज यानी एक अप्रैल से देश में 45 साल से ज्यादा उम्र के सभी नागरिक आज से कोरोना रोगी टीका लगवा सकेंगे।

दरअसल अब तक 45 से 60 वर्ष के केवल उन लोगों को ही टीकाकरण अभियान में शामिल किया गया था जो कुछ निर्दिष्ट बीमारियों से ग्रस्त थे। सरकारी आंकड़ों के अनुसार मार्च के आखिर तक 4.83 करोड़ लोगों को वैक्सीन लगा चुकी है। अर्थात बात यह भी है कि इनमें से लगभग 80 लाख लोगों को इस वैक्सीन का दूसरा डोज भी दिया जा चुका है।

टीकाकरण कार्य में जो लोग को देखते हुए सरकार को उम्मीद है कि अगस्त में टीका लगाने का कार्य जारी रखा जाएगा। उल्लेखनीय है कि दो साल के भीतर देश की समग्र आबादी लगभग 1.3 अरब लोगों को टीका लगाने का लक्ष्य रखा गया है। इसके लिए रोजाना करीब 30 लाख लोगों का टीकाकरण किया जाएगा।

अगर कोरोना वायरस की चपेट में आकर प्रतिरोधक क्षमता हासिल कर चुके लोगों को टीके के दायरे से बाहर रखा जाए तो संभावित आंकड़ा थोड़ा कम हो सकता है। लेकिन यहां सबसे बड़ा सवाल यह है कि दो
साल के इस लक्ष्य की पूर्त करना क्या आसान है? निश्चित ही यह दो साल का महा मैराथन कठिन है और इस कठिनाई का कारण ग्रामीण और पिछड़े व दूरदराज के इलाकों में टीकाकरण सफल बनाने की है। सर्वविदित है कि ग्रामीण और शहरी जिलों में टीकाकरण का अंतर जितना कम होगा, रोजाना के बढ़ते मामलों से निपटने में राज्य सरकारों को उतनी ही मदद मिलेगी। यानी ग्रामीण इलाकों में टीकाकरण पर उतना ही जोर देना होगा, जितना शहरी इलाकों में। वास्तव में तभी ग्रामीण इलाकों को कोरोना वायरस के संक्रमण से बचाया जा सकेगा।

पिछड़े जिलों में सर्वाधिक समस्या

पिछले साल नीति आयोग ने देश के पिछड़ेपन की तस्वीर पेश करते हुए सबसे पिछड़े सी जिलों की एक सूची जारी की थी। इन जिलों के पिछड़ेपन की कोई एक वजह नहीं है, इसके अनेक कारण हैं। जैसे ये दूरदराज के इलाकों में स्थिर हैं, रोड और रेलवे कनेक्टिविटी खराब है। इन पिछड़े जिलों में या तो अक्सर सूखा पड़ता है या फिर उन्हें बाढ़ का प्रकोप होलना पड़ता है। इन इलाकों में अनुसूचित जाति, अनुसूचित जनजाति और अल्पसंख्यकों की आबादी भी अधिक है। ऐसी स्थितियों में ग्रामीण एवं आदिवासी क्षेत्र में चुनौती और बढ़ जाती है। ऐसे क्षेत्रों के प्राथमिक स्वास्थ्य केंद्रों में या तो कर्मचारी नदारद हैं या फिर उनकी संख्या बहुत कम है। ऐसे में टीकाकरण को सुधार तरीके से संपन्न करने में जरूरत से ज्यादा संघर्ष करना होगा।

विश्व स्वास्थ्य संगठन के आंकड़ों के मुताबिक भारत के लगभग 20 लाख स्वास्थ्यकारों में से 60 फीसद शहरी क्षेत्रों में मौजूद हैं। मालूम हो कि वर्तमान में भारत में लगभग 6.28 लाख गांव हैं और देश की करीब 60 फीसद आबादी ग्रामीण क्षेत्रों में रहती है। इसका मतलब है कि सरकारों को न केवल मौजूदा स्वास्थ्य नेटवर्क को संक्रिया करना होगा, बल्कि कम समय में लाखों नए लोगों को प्रशिक्षित कर, इसका दायरा बढ़ाना होगा। ग्रामीण स्वास्थ्य देखभाल में लगे करीब 24 लाख आंगनवाड़ी कार्यकर्ताओं इसमें मददगार हो सकते हैं। चूंकि उनका अनुभव मुख्यतः बच्चों के लिए टीकाकरण कार्यक्रम चलाने का ही है, इसका दायरा बढ़ाना होगा। ग्रामीण स्वास्थ्य कार्यकर्ताओं इसमें मददगार हो सकते हैं। चूंकि उनका अनुभव मुख्यतः बच्चों के लिए टीकाकरण कार्यक्रम चलाने का ही है, इससे निर्देश जारी
किया था कि टीकों को दो से आठ डिग्री सेल्सियस तापमान के बीच रखना जरूरी होगा। इसका सही
अनुपालन न होना भी टीका बर्बादी का कारण बन रहा है।

टीके का हो पूर्णतया सदुपयोग

केंद्र सरकार ने पिछले दिनों कहा था कि चार राज्यों में वैक्सीन की बर्बादी इसके राष्ट्रीय औसत से अधिक है। इन चार राज्यों- तेलंगाना, आंध्र प्रदेश, उत्तर प्रदेश और कर्नाटक में टीके की खुराक की बर्बादी राष्ट्रीय औसत 6.5 प्रतिशत से काफी अधिक है। ऐसे में इन राज्यों को अपने स्तर पर सोचना होगा कि कोविड रोगी टीके अमूल्य हैं और ये लोगों की सेहत की बेहतरी के लिए हैं। अतः इसकी बर्बादी को कैसे रोकते हुए किफायती तरीके से इसका इस्तेमाल किया जा सकता है? सरकारी आकलन के मुताबिक तेलंगाना में 17.6 प्रतिशत तथा आंध्र प्रदेश में 11.6 प्रतिशत टीका बर्बाद हुआ है। टीका बर्बादी की प्रमुख वजह मनमाना रवैया, प्रशिक्षण का अभाव और उदासीनता ही रही है। लिहाजा राज्यों को कम समय में स्वास्थ्यकामयों को प्रशिक्षण और प्रभावी शीतगृह नेटवर्क बनाना होगा। सुदूर इलाकों में टीका पहुँचाने के लिए प्रशीतित डिलीवरी वैन का इंतजाम करना होगा, अन्यथा टीका बर्बाद होना जारी रहेगा और इन इलाकों में टीकाकरण कठिन हो सकता है।

Vaccines (Hindustan: 20210401)
https://epaper.livehindustan.com/imageview_737353_84140546_4_1_01-04-
2021_2_i_1_sf.html
गमय महाईलेशर को कंोल करने के लिए जरखाएं ये पांच फल

हाई लडेशर एक ऐसी समया है, जो गर्मियों में हाई ब्लड प्रेशर को कंट्रोल करने के लिए जरूर खाएं ये पांच फल (Hindustan: 20210401)

https://www.livehindustan.com/lifestyle/story-how-to-control-high-blood-pressure-high-eat-these-five-fruits-in-summer-to-control-high-blood-pressure-3945849.html
यह कम कैलोरी वाला फल मीठा और ताजा होता है। इसे अपने फलों के सलाद, या जूस के रूप में डाइट में शामिल कर सकते हैं। इसमें विटामिन सी और ए, पोटेशियम, अमीनो एसिड, लाइकोपीन, सोडियम और एंटीऑक्सिडेंट से भरा हुआ है जो शरीर को हाई ब्लड प्रेशर से लड़ने में मदद कर सकता है।

कीवी

एंटीऑक्सिडेंट और खनिज से भरपूर इस फल में फाइबर, विटामिन सी और फोलेट शामिल होते हैं, जो पाचन में सुधार, इम्यूनिटी को बढ़ावा देते और स्किन के स्वास्थ्य में सुधार करने में भी मदद करते हैं। कीवी रक्तचाप से होने वाली बीमारियाँ जैसे स्ट्रोक, दिल के दौरे आदि को भी रोक सकते हैं।

आम

हम आम से प्यार करते हैं क्योंकि यह स्वादिष्ट होता हैं लेकिन, हाई ब्लड प्रेशर के लिए भी आम एक बेहतरीन फल है। ऐसा इसलिए है क्योंकि आम फाइबर और बीटा कैरोटीन का एक बड़ा सोत है, दोनों ब्लड प्रेशर को कम करने में प्रभावी हैं।

केला

पोटेशियम से भरपूर और सोडियम में कम आहार हाई ब्लड प्रेशर, हड़प्पा रोगों और स्ट्रोक से बचाता है। केला एक ऐसा फल है, जो पाचन को भी बढ़ावा देता है, लोगों को लंबे समय तक पूर्ण महसूस करने में मदद करता है और हाई ब्लड प्रेशर से लड़ने में मदद करता है।

स्ट्रॉबेरी

स्ट्रॉबेरी में एंथोसायनिन (एंटी-ऑक्सीडेंट यौगिक), विटामिन सी, पोटेशियम और ओमेगा -3 फैट एसिड होते हैं, जो हाई ब्लड प्रेशर को कम करने में मदद कर सकते हैं।
A new research published in the journal of American Heart Association proved that if a person takes care of their health by doing regular physical exercise and consume a healthy diet during their midlife, it can help achieve optimal cardiometabolic health in old age.

Following a routine of regular physical activity combined with a diet including fruits, vegetables and other healthy foods may be key to middle-aged adults achieving optimal cardiometabolic health later in life, according to new research using data from the Framingham Heart Study published in the Journal of the American Heart Association.

Cardiometabolic health risk factors include metabolic syndrome, a cluster of disorders such as excess fat around the waist, insulin resistance and high blood pressure. The presence of metabolic syndrome may increase the risk of developing heart disease, stroke and Type 2 diabetes.

Researchers noted it has been unclear whether adherence to both the US Department of Health and Human Services' 2018 Physical Activity Guidelines for Americans and their 2015-2020 Dietary Guidelines for Americans -- as opposed to only one of the two -- in midlife confers the most favourable cardiometabolic health outcomes later in life.

The physical activity guidelines recommend that adults achieve at least 150 minutes of moderate or 75 minutes of vigorous physical activity per week, such as walking or swimming. The dietary guidelines, which were updated in January 2021, offer suggestions for healthy eating patterns, nutritional targets and dietary limits.

In an analysis of data from participants of the Framingham Heart Study, which began more than 70 years ago in Framingham, Massachusetts, investigators examined data from 2,379 adults ages 18 and older and their adherence to the two guidelines. They observed that meeting a combination of the two recommendations during midlife was associated with lower odds of metabolic syndrome and developing serious health conditions as participants aged in their senior years in 2016-2019 examinations.

"Health care professionals could use these findings to further promote and emphasize to their patients the benefits of a healthy diet and a regular exercise schedule to avoid the development of numerous chronic health conditions in the present and in later life," said corresponding...
author Vanessa Xanthakis, PhD, FAHA, assistant professor of medicine and biostatistics in the Section of Preventive Medicine and Epidemiology at Boston University School of Medicine in Boston.

"The earlier people make these lifestyle changes, the more likely they will be to lower their risk of cardiovascular-associated diseases later in life."

Study participants were selected from the third generation of the Framingham Heart Study. Participants (average age 47, 54% women) were examined between 2008 and 2011. Researchers evaluated physical activity using a specialized device known as an omnidirectional accelerometer.

The device, which tracks sedentary and physical activity, was worn on the participant's hip for eight days. Researchers also collected dietary information from food frequency questionnaires to measure the kinds and levels of food and nutrients consumed.

In this investigation, researchers observed that among all participants, 28% met recommendations of both the physical activity and dietary guidelines, while 47% achieved the recommendations in only one of the guidelines. Researchers also observed that:

1. Participants who followed the physical activity recommendations alone had 51% lower odds of metabolic syndrome;

2. Participants who adhered to the dietary guidelines alone had 33% lower odds; and

3. Participants who followed both guidelines had 65% lower odds of developing metabolic syndrome.

"It is noteworthy that we observed a dose-response association of adherence to diet and physical activity guidelines with risk of cardiometabolic disease later in life," Xanthakis said. "Participants who met the physical activity guidelines had a progressively lower risk of cardiometabolic disease as they increased adherence to the dietary guidelines."

All study participants were white adults, therefore, the findings cannot be generalized to people in other racial or ethnic groups. Additional studies with a multiethnic participant sample are needed, researchers said.

**Pregnancy**

**Pregnant women and their babies at a higher risk due to Covid-19 (Hindustan Times: 20210401)**

The finding of recent studies have revealed that pregnant women and their unborn babies are at a higher risk of stillbirth and maternal mortality during the pandemic.

Pregnant women and their babies are suffering worse outcomes during the Covid-19 pandemic, and researchers are sounding the alarm for immediate action to avoid rolling back decades of global investment in safe maternity care.

Data from an analysis of 40 studies published during the last year across 17 countries found rates of stillbirth and maternal mortality increased by a third. Outcomes were worse in low- and middle-income countries, according to a report Wednesday in The Lancet medical journal.

The increases may be driven by the pressure Covid-19 put on health systems rather than measures aimed at limiting the spread of the virus, such as lockdowns, the researchers said. Studies from individual countries suggested pregnant women reduced their care-seeking because of the fear of infection, as well as reduced provision of maternity services.

“It is clear from our study and others that the disruption caused by the pandemic has led to the avoidable deaths of both mothers and babies, especially in low- and middle-income countries,” said Asma Khalil, lead author of the study at St. George’s University of London.

The meta-analysis included studies from countries including Botswana, Brazil, Canada, China, Denmark, India, Israel, Mexico, Nepal, the UK and the US. Though the report is the first global assessment of the collateral impact of the pandemic on maternal and child health, it has its limitations. Studies included in the analysis varied in their methods, making it more challenging to compare results.

The outcomes represent a reversal of recent progress toward making pregnancy safer for mothers and children worldwide, said Andreea Creanga, physician and associate professor in the Department of International Health & Department of Gynecology and Obstetrics at Johns Hopkins University.

The world had made progress in ensuring antenatal care and deliveries in health facilities staffed by health workers, and the focus had shifted in recent years to increasing the quality of the care that women and babies received.

Difficult Road

“Now, we are going to go back and make sure that women come to facilities to get the care they need for themselves and for their infants,” she said. “It’s a difficult road ahead.”

In Sierra Leone, which until recently had the highest maternal mortality ratio in the world and had suffered an outbreak of deadly Ebola, government officials and partners have taken pains to ensure access to routine health services.

Utilization of health services dropped during the Ebola outbreak because of fear and economic instability, so the country acted quickly this time, said Jonathan Lascher, executive director of Partners In Health (PIH) in Sierra Leone, an organization that has worked in partnership with the Ministry of Health to support the health system over the last six years.
“We took to the radio waves, and we started talking about the fact that the hospital and clinics
that we support are open,” said Lascher. “People should be continuing to come and that it’s
safe.”

There was an initial drop in antenatal care and routine visits to the hospital, said Isata Dumbuya,
a nurse midwife and manager of maternal and child health for PIH.

Ebola Epidemic

“Bear in mind that this is a region that lived through a very serious Ebola epidemic, and they
still have very poor memories of what happens when you come to a hospital or when there’s a
pandemic breaking out,” said Dumbuya. “People stayed away for that reason.”

Since then, through ministry and others’ efforts, visits have resumed as awareness of Covid-19
and its risks have become clearer for the population. But Dumbuya said she’s concerned about
the impact of supply constraints and funding on the maternal and child health in the country.

Budget cuts in major aid programs have already begun to impact other programs in the country,
resulting in maternal health providers pulled from their units, she said.

“This is how our women and patients will suffer, not as a direct consequence of Covid-19 but
an indirect consequence,” she said. “If our suppliers can no longer ship out the resources that
we need on time or if our donors can no longer contribute the same amount of funding that they
used to, then we cannot sustain these programs on our own.”