### **Annual Report 2020**

**Universal Health** and the Pandemic -**Resilient Health Systems** 

**Suriname** 









#### PAHO/SUR/21-0001

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The Pan American Health Organization (PAHO) was founded in 1902 and is recognized as the independent specialized health agency of the inter-American system, under the Charter of the Organization of American States. In 1949, PAHO agreed to serve as the Regional Office for the Americas of the World Health Organization (WHO), a specialized agency of the United Nations system. Acting in its capacity as WHO's Regional Office, PAHO participates actively in the United Nations Country Team, collaborating with other agencies, the funds and programmes of the United Nations system, and with the United Nations Resident Coordinator to contribute to the achievement of the Sustainable Development Goals at country level. For nearly 120 years, PAHO has developed recognized competence and expertise, providing technical cooperation to its Member States to fight communicable and noncommunicable diseases and their causes, to strengthen health systems, and to respond to emergencies and disasters throughout the Region of the Americas.

Given PAHO's dual legal status and the difficulty of disaggregating PAHO from WHO activities, this Annual Report reflects both PAHO and WHO activities in the Americas as related to technical cooperation in 2020. Approximately 80% of PAHO's technical cooperation in health in the Region of the Americas is funded by PAHO's own quota and voluntary contributions, as an inter-American organization. The remaining 20% of PAHO's integrated biennial budget includes WHO-funded activities. Further detailed financial information for this Annual Report can be found in the Financial Summary section.

#### Mission

To lead strategic collaborative efforts among Member States and other partners to promote equity in health, to combat disease, and to improve the quality of, and lengthen, the lives of the peoples of the Americas.

#### Vision

To be the major catalyst for ensuring that all the peoples of the Americas enjoy optimal health and contribute to the well-being of their families and communities.

#### **Values**



Striving for fairness and justice by eliminating differences that are unnecessary and avoidable.



**EXCELLENCE** Achieving the highest quality in what we do.



SOLIDARITY

Promoting shared interests and responsibilities and enabling collective efforts to achieve common goals.



RESPECT Embracing the dignity and diversity of individuals, groups, and countries.



INTEGRITY

Assuring transparent, ethical, and accountable performance.



| Forewords                         | 2  | Financial Summary27 |
|-----------------------------------|----|---------------------|
| Technical Cooperation Overview    | 4  | Looking Ahead31     |
| Health Emergencies                | 6  |                     |
| Strengthening Health Systems and  |    |                     |
| Services                          | 14 |                     |
| Communicable Diseases             | 18 |                     |
| Noncommunicable Diseases and      |    |                     |
| Mental Health                     | 21 |                     |
| Health Throughout the Life Course | 24 |                     |

#### **Forewords**



The year 2020 will be remembered as the year that tested everyone's resilience. By December, in the Americas, more than 33 million people had been infected with COVID-19 and more than 800,000 persons had died. The devastating loss of life is accompanied by an economic downturn that continues to affect everyone and threatens to derail the achievement of the Sustainable Development Goals.

The year of the COVID-19 pandemic has shed light on inequities and the barriers to universal health. Some of them – low-paid work, the informal economy, overcrowded housing, lack of social protection, and limited access to health services – have made vulnerable populations even more susceptible to COVID-19. The disease has exposed both the barriers to universal health and the profound need for it.

The pandemic has also demonstrated that the health sector acting alone cannot achieve universal health. We need leadership, good governance, the private sector, and civil society. Academia and industry must work with government to produce and share technologies, including diagnostics, therapeutics, and vaccines, as well as digital innovation. Development partners must facilitate coordination for disease surveillance, information sharing, and the response to health emergencies. Financial sectors must help

make available the resources needed to ensure that health systems are adaptable, responsive, and inclusive while they address the needs of the entire population. The pandemic has irrefutably proved that we need everyone to be engaged for health and well-being that leaves no one behind.

This year, PAHO's technical cooperation has focused not only on helping countries to respond to the pandemic but also on safeguarding progress toward universal health. This Annual Report reviews our contributions and achievements and reinforces PAHO's core mission, through our focus on the country level, recognizing that progress toward sustainable development hinges on improved health at the local and national level.

Dr. Carissa F. Etienne Director of the Pan American Health Organization



he year 2020 was challenging for the Pan American Health Organization (PAHO) and the Ministry of Health in Suriname. The strength and resilience of the health care workers and the health systems were put to the test, but through partnership, collaboration, and strong technical cooperation, the response to the COVID-19 pandemic was strengthened and sustained.

The year started with the transfer of a new PAHO/WHO Representative at a time when preparation for the prevention of COVID-19 and planning for the general elections were the main focus. The elections resulted in a mid-year change of administration with a new Minister of Health and technical team installed during the peak of the first wave of the pandemic.

The first case of COVID-19 was confirmed on 13 March 2020 and, throughout the year, technical cooperation centered primarily around the preparedness and response as technical counterparts were redirected and focused mainly on the COVID-19 response. Technical cooperation included support for saving lives, slowing the spread, protecting health care workers, and laboratory diagnosis.

This report highlights the work of PAHO/WHO in Suriname in 2020 with emphasis placed mainly on the COVID-19 response as this was the area of greatest need. While the planned activities of the biennial workplan

were largely postponed due to the pandemic, PAHO still played a critical role with development of national strategies and plans for maternal and newborn health, cancer prevention and control, and advancing the goal of malaria elimination through strengthened surveillance. The WHO designation of the Central Laboratory as a National Influenza Centre was also realized.

These achievements were possible through interprogrammatic work, and close collaboration with the Ministry of Health and other partners.

In accordance with the Constitution of PAHO, I have the honor of presenting the 2020 annual report on the work of the Country Office of PAHO in Suriname.

Dr. Karen Lewis-Bell PAHO Representative in Suriname

# Technical Cooperation Overview

The extended Country Cooperation Strategy and the exercise to prioritize the areas for technical cooperation in Suriname, identified the following as the main strategic focus areas to support in 2020:

 Universal access to health and universal health coverage (access to essential medicines and health technologies, integrated health services networks for communicable diseases);

 Noncommunicable diseases and mental health (reducing risk factors and expanding equitable, quality health services for prevention, detection, treatment and care);

- Reduction of risk factors for communicable diseases with emphasis on malaria and HIV;
- Health systems transformation through focus on the essential public health functions;
- Rapid detection, assessment, and response to health emergencies and strengthened capacities for the prevention and control of epidemics and pandemics.





The area of public health emergency aims to ensure that all countries of the Region have capabilities for all hazards, health emergency, and disaster risk management, including the core capacities needed to fulfill their responsibilities under the International Health Regulations (IHR) 2005. It also ensures the regional surveillance functions related to these hazards and large outbreaks.

n 2020, as the COVID-19 pandemic emerged, the PAHO Country Office in Suriname developed the PAHO Suriname Strategic Preparedness and Response Plan (February 2020 – December 2020) based on the guidelines provided by the World Health Organization (WHO), and provided technical support to the development of the National COVID-19 Response Plan and needs list for the country. These were shared with the donor community to facilitate support for implementation of the plan. In addition, PAHO organized several activities to promote mental health and psychosocial support during the pandemic.

PAHO Suriname's technical cooperation focused on the main strategic actions to support the Ministry of Health in its aim to respond effectively to COVID-19 in Suriname to prevent spread, save lives, and protect health care workers, while strengthening surveillance and diagnosis.

Support was provided to the nine pillars of the response identified by WHO in the Strategic Preparedness and Response Plan as follows:

- 1. Country-level coordination, planning, and monitoring
- 2. Risk communication and community engagement (RCCE)
- 3. Surveillance, rapid response teams, and case investigation
- 4. Points of entry, international travel, and transport
- 5. National laboratories
- 6. Infection prevention and control
- 7. Case management
- 8. Operational support and logistics
- 9. Maintaining essential health services and systems.

The following sections provide an overview of the first six pillars. The last three pillars are elaborated upon in the chapter Strengthening Health Systems and Services.



#### **Country-level Coordination, Planning, and Monitoring**

AHO Suriname has been a key partner in the preparation and response to COVID-19 in Suriname since the inception of the establishment of the National Public Health Response Team by the Ministry of Health on 22 January.

This response team was chaired by the Director of Health and with membership of specialists from the Ministry of Health and the PAHO Public Health Emergencies focal point. Biweekly meetings were used to develop the national response plan (mainly through Standard Operating Procedures [SOPs] and case scenarios), to assess the ongoing risk of disease importation, enhance epidemiological surveillance for early detection, and ensure health sector preparedness and response capacity.

The PAHO Country Office provided technical guidance and shared all guidance documents received from PAHO headquarters and WHO to inform the development of the SOPs using various scenarios for possible case detection. SOPs on laboratory diagnosis, clinical management, infection prevention and control measures, and quarantine and isolation were developed using these guidance documents as references.

The PAHO Suriname Incident
Management Team was activated
on 10 February 2020 following
the designation of COVID-19 as
a Public Health Emergency of
International Concern. All members
of the technical team were fully
engaged in the response, and
various aspects of the response were
assigned accordingly.

PAHO was specifically requested by the Ministry of Health to coordinate the RCCE pillar of the response. The first country office situation report was issued on 13 February 2020 and was initially issued every two weeks. This quickly became a weekly report once the first case was detected on 13 March 2020 and this continued throughout the year. To support a more comprehensive national response to the pandemic, the PAHO/WHO Representative met with Minister of Health and Director of Health in mid-February 2020 to provide advice on establishing an interministerial committee to provide oversight and quide the response in the various sectors. To this end. PAHO drafted the terms of reference for such a committee and provided this to the Ministry for its review

and consideration. This activity was again repeated with the newly appointed Minister of Health in early August 2020. This committee is now operational and chaired through the Cabinet of Ministers from the Vice President's Office.

In mid-March 2020, the PAHO Country Office elaborated its preparedness and response plan and convened the United Nations Country Team group to develop a United Nations preparedness and response plan in keeping with the WHO's COVID-19 Strategic Preparedness and Response Plan and Operational Planning Guidelines. With the change of government in July 2020 and the establishment of an Outbreak Management Team with various subcommittees,



PAHO continued its technical cooperation through coordination with the subcommittees to further develop the ongoing needs and facilitated a meeting of the donor coordination group for the Ministry to present the national plan and needs list to the group.

This resulted in a more coordinated approach to the support provided to the Ministry of Health for the health response.

Weekly meetings between the PAHO/WHO Representative and the Crisis Manager of the Outbreak Management Team or the Director of Health were held throughout the year to discuss and facilitate the technical cooperation for the response.

#### **Risk Communication and Community Engagement**

RCCE is instrumental in supporting the government in establishing well-planned and evidence-based risk communication with the general public, and with specific target groups.

Several messages were developed, discussed, and produced in close collaboration with the Ministry of Health, based on PAHO/WHO sources, and were tailored as much as possible to the local context.

Local circumstances were anticipated, considering language and cultural factors, but also limited possibilities for optimal communication, e.g., reaching the remote villages in the interior. The most effective means to communicate the messages to

the target audiences were also considered, using traditional media (radio and television) as well as more advanced communication technologies (websites, social media, etc.).

The products varied from public announcements, short video and audio messages, posters, brochures, and flyers, to social media campaigns.

PAHO also procured equipment for the Medical Mission to enhance risk communication with the community in remote areas to serve the indigenous and tribal populations as well as the mobile migrant workers. The RCCE activities targeted specific groups:

- The health sector:
- Cleaning personnel from all sectors;
- Persons in vulnerable; conditions, e.g., pregnant women and new mothers:
- Persons in remote areas;
- Community leaders (to provide training in community engagement);
- The general public.

# Modiana





Mondkap op

Handen wassen



Afstand houden



Hoesten of niezen in de elleboog



Oppervlakken schoonmaken



Drukke plekken vermijden



Gezicht niet aanraken Zonder je handen eerst te wassen

#### **MoHanA Campaign**

One specific RCCE initiative for the general public was the MoHanA campaign. The acronym MoHanA, which in Dutch stands for Mondkap op (wear your mask), Handen wassen (wash your hands), Afstand houden (keep a safe distance), was developed by the PAHO Suriname Country Office to support the COVID-19 RCCE.

This message is an easy way to remind people to adhere to the basic personal hygiene measures that will reduce the risk of spreading COVID-19. For the launch of this campaign, a MoHanA song, video, and dance were developed. Promotion on social media platforms and traditional media channels (television and radio) is ongoing.

The MoHanA challenge was also part of the campaign, inviting the community to show, in their own creative way, how they adhere to the MoHanA practices, with small prizes given for the most popular MoHanA videos each week.

In addition, promotional material was produced, such as t-shirts, masks, hand sanitizers, and calendars for 2021, promoting MoHanA. The poster was also developed using images more appropriate for the interior.

#### Surveillance, Rapid Response Teams, and Case Investigation

Patho has been providing ongoing supporting to the national public health response team in this regard. Initially, the focus was mainly on port health, rapid response teams, quarantine and surveillance. Gradually, it expanded to data gathering, data analysis, contact tracing, health care worker surveillance, case investigation, and technical epidemiological support in the COVID-19 response, including the analysis of data and preparation of epidemiological charts and graphs.

A summary of PAHO's support in this area is:

- The development of an electronic data capture form to improve the information flow at the control room (hotline) and implementation of the data systems "Go.data" and the later implementation of a national COVID-19 database to support surveillance data analysis and contact tracing;
- Training of persons supporting the epidemiology unit in contact tracing with focus on the basics of COVID-19, contact tracing, ethical considerations, and communication;



- Supporting the country in the development of a contact-tracing SOP;
- Training for the personnel of the public health hotline on their role in managing the epidemic in Suriname, focusing on their link with the community in providing factual information and supporting contact-tracing for the epidemiology unit;
- Virtual training for rapid response teams, which was completed by 25 participants employed by the Bureau of Public Health, the Medical Mission, the Regional Health Services (in various districts), the Mungra Hospital, and the Anton de Kom University in Suriname;
- Working closely with the Bureau of Public Health, the Medical Mission, and the Malaria

- Program to improve sustained capacity for active surveillance, case investigation, and contact-tracing at the high-risk border areas in the interior;
- Assistance with drive-through testing sites after determining the COVID-19 transmission hotpots;
- Using feedback acquired from the community in terms of their awareness level about COVID-19 and ways to protect themselves to strengthen the need for RCCE;
- Air transportation of teams from the Mobile Migrant Working Group, consisting of members from the Malaria Program and Medical Mission, to the goldmining camps and villages in the interior in order to provide information regarding COVID-19 and to conduct

- active surveillance and rapid diagnostic testing for cases in these communities;
- Providing guidance in implementing alternative primary health care sites to support with screening, sampling, and contact-tracing to reduce the burden on the central team and minimize the movement of patients;
- Continued technical support to the national influenza surveillance system in expectation of the rise in cases from December to March;
- Equipment donations to support the COVID-19 response in surveillance and data management to the designated Emergency Operations Centre, the epidemiology unit, and the Academic Hospital.

#### Points of Entry, International Travel, and Transport

PAHO has provided technical guidance in port health and quarantine since the beginning of the preparedness and response activities in Suriname in January 2020. Technical support has always been based on the latest PAHO/WHO guidelines.

Support has mainly been provided to the epidemiology unit, responsible for quarantine and IHR, and the Department of Environmental Inspectorate, responsible for Port Health. With borders open for repatriation and later commercial flights, guidelines based on IHR were discussed with all relevant parties and guidance provided for processing of travelers.



PAHO supported the authorities in highlighting factors to be considered for resuming international travel, required capacities for mitigation of imported cases, including regular risk assessment processes needed and reviewing the capacity of their public health and other relevant sectors, and sharing of relevant documents.

#### **National Laboratories**

he Central Laboratory in Suriname, the designated COVID-19 testing laboratory, was one of the first laboratories in the Caribbean with the capacity to test for COVID-19 thanks to PAHO's technical support with the provision of training, probes, and primers. This significantly increased surveillance, port health, and diagnostic capacity in the country at a very early stage of the pandemic.

The Medical Microbiology
Laboratory at the Academic
Hospital has also been designated
as a testing site for COVID-19.
PAHO has continuously been
providing technical support and
procurement of supplies and
reagents to increase the COVID-19
diagnostic capacity of the country.

In addition, PAHO has been working with the Central Laboratory to strengthen its capacity according to the global standards established by WHO for National Influenza Centers. After an official WHO assessment for the designation of the Central Laboratory as the National Influenza Center, it was recognized as such in July 2020.

With dedication to improve procedures in biosafety and sample processing, and improving laboratory sample flow algorithm, the laboratory will strengthen its role as a reference for the influenza laboratory network in Suriname and to strengthen influenza surveillance in the country.

PAHO has provided technical support in the use of the antigenbased rapid detection tests (RDTs), 30,000 of which arrived in country at the end of October, to enhance the testing capacity of the country and mainly in the interior. Important factors on implementation of antigen-based RDTs were discussed through a technical briefing and included the epidemiological context, general considerations for implementation, fundamentals of the assays and infection dynamics, proposed testing algorithms, and technical considerations for their use in the field.

The interactive session for country officials was hosted by PAHO for a total of 25 participants, including members of the Outbreak Management Team, Medical Mission, Regional Health Services, the Malaria Program, the Mungra Medical Hospital, the Medical Research Institute, the Medical Microbiology Laboratory at the Academic Hospital, the Central Laboratory, and the Bureau of Public Health.

A focal point from the Ministry was appointed by the Outbreak Management Team to work with PAHO on the development of local protocols for piloting the concept of use of the tests.

PAHO supported the training in the pilot in the use of antigen-based RDTs in the field. Members from the Medical Mission, the Mungra Medical Hospital (District of Nickerie), the Malaria Program, the Academic Hospital, and clinics from the Regional Health Services in the Districts of Nickerie, Coronie, Saramacca, Commewijne, Marowijne, Wanica, and Para were trained in their use by focal points from PAHO, the Central Laboratory, and the epidemiology unit of the Ministry of Health.

In total, 132 health care workers from laboratories and the primary and secondary health care sectors providing care in the coastal area and the interior were trained in the use of the rapid tests.

In addition, PAHO donated swabs, transport media, RNA kits, additional reagents, and consumables to improve diagnostic capacity in the COVID-19 response.

There were also supplies handed over to support a total of 94,600 tests and 30,000 antigenbased RDTs with 8 readers to the country for diagnosis of COVID-19 at the Central Laboratory.

For us, this is of course a milestone that we have reached in the history of the Central Lab.

#### Merrel Wongsokarijo

Previous Head of the Central Laboratory in Suriname in relation to the designation of the Central Laboratory as a National Influenza Center





#### **Building Capacity for Health Disaster Management and Event-based Surveillance**

Suriname has worked to improve its capacities for health disaster management in compliance with IHR over the years since the implementation of the revised regulations in 2007. In continuation of this effort, the Ministry of Health requested PAHO's support to review the Health Disaster Program in 2020.

During the 3-day multisectoral meeting, Dr. Marion Bullock DuCasse, the PAHO Advisor for Health Emergencies, provided a complete overview of gaps in the national Health Disaster Program. By identifying the gaps, the country was better able to further strengthen its Health Disaster Program. During this mission, the national COVID-19 SOPs were also

reviewed with the team. Gaps and priority activities were identified and utilized to prepare an action plan for follow up to strengthen the Health Emergencies/Disaster Management Program, including time frames for implementation and the persons responsible.

Event-based surveillance (EBS) is the organized and rapid capture of information about events that are a potential risk to public health. In 2020, an EBS workshop was organized for key health staff in Suriname. The objective of this 3-day workshop was to train stakeholders in EBS mechanisms for detecting unusual events that might signal an outbreak.

The workshop provided an overview of EBS, focusing on the country's goals for EBS and partners involved, including dialogue with external stakeholders.

Emphasis was placed on priority diseases, surveillance challenges, and next steps for implementation.

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# Strengthening Health Systems and Services: A Collaborative Approach

In 2020, PAHO's work in the area of health systems and services focused on strengthening the health system in Suriname to respond to the COVID-19 pandemic. Technical cooperation was provided in relation to increasing access to comprehensive and quality health services, the health workforce, access to health technologies, health financing, and information systems for health.

# Assessing Hospital Readiness and Alternative Medical Care Sites for COVID-19 Management

AHO provided technical support to Ministry of Health staff and the medical directors of all seven hospitals (including the military hospital) on the deployment of the PAHO Hospital Readiness Checklist for COVID-19. Site visits and self-assessments using the checklist were completed in February 2020. These assessments provided an overview of the readiness of each hospital to respond to COVID-19 while also serving as a guide for preparation and identification of areas needing attention and improvement.

Utilizing the PAHO/WHO Technical Recommendations for the Selection of Alternative Medical

Care Sites, the PAHO Suriname team conducted a site visit to the proposed location and made recommendations to the Directorate for National Safety and the nursing team expected to provide services at this site. These recommendations included allocations of space for health care workers to maintain infection prevention and control (IPC) standards, to rest, and to manage supplies. These were incorporated and the site established and made functional for a period of some 2–3 months.



#### **Providing COVID-19 Case Management Training**

AHO and the Foundation for Postgraduate Education in Medicines in Suriname convened two training webinars in 2020 directed to general practitioners at the first level of care. Upon completion of each webinar, the Foundation provided continuing medical education credits through the accreditation process linked to the Netherlands. Seventy-five participants were trained in the first webinar on: COVID-19 case management and the role of the first level of care; COVID-19 diagnostic testing including the new antigen tests that arrived in Suriname; and monitoring of COVID-19 patients in the community. In the second training session, 80 participants were trained in: technical updates on the epidemiology of COVID-19 in Suriname; clinical management of COVID-19 in persons over 60 years; management of pregnant patients with COVID-19; guidelines to promote care of older people during COVID-19; and finally, the proper use of PPE in hospitals and long-term care facilities.

In Suriname, while many health care workers speak both languages, Dutch and English, there is still a need for the dissemination of technical guidelines to even more health care workers to prepare for surge capacity, task-sharing, and the implementation of intersectoral teams, especially at the first level of care. PAHO Suriname translated four OpenWHO courses in 2020

into Dutch to support capacitybuilding of Surinamese health care workers. The translated courses included:

- How to put on and remove PPE:
- Standard precautions: hand hygiene;
- Infection prevention and control for the COVID-19 virus;
- Long-term care facilities during the time of COVID-19.

These courses have been disseminated to workers in the Ministry of Health, associations of health professionals, front-line health workers, and those working with high-risk and vulnerable populations. The courses not only benefited health care workers in

Suriname but also those in the Dutch-speaking Caribbean islands.

Finally, PAHO also hosted several virtual sessions with members of the national epidemiology team and a team of medical specialists on the application of the WHO forecasting tool for PPE to prepare a procurement plan to meet the growing needs of the country.





#### Saving Lives by Providing Essential Biomedical Equipment and Supplies to Health Facilities

AHO Suriname supported the Ministry of Health with biomedical equipment to strengthen its capacity at the hospital level to provide optimal care for patients with COVID-19 and to save lives. Throughout the year, PAHO procured and donated to the Government of Suriname 20 oxygen concentrators, 4 invasive ICU ventilators, 20 patient monitors and 12 biPAP/non-invasive ventilators. All this equipment was accompanied by the required consumables and accessories as well as access to training on their use and maintenance by the suppliers through PAHO.

PAHO also led the procurement of one fully equipped, all-terrain, 4x4 ambulance purchased with funding support from the Government of Brazil and the World Food Programme. The ambulance is expected to be delivered in 2021 and will provide service to the Brazilian community in the interior when needed.

A donation of US\$ 130,000 worth of hospital equipment, medicines, and PPE for COVID-19 management was handed over to the Ministry of Health in August 2020 from PAHO in collaboration with Direct Relief (a humanitarian NGO based in the United States of America). This was particularly welcome at a time when the first wave of the outbreak was at its peak.

With the change of Government in July 2020, the new Minister

of Health and the new COVID-19 **Outbreak Management Team** identified the need for increased coordination of donor support for COVID-19 in Suriname. One such area was the coordination of supplies. PAHO was asked to join the working group on donor coordination along with other key partners and provided technical quidance on the development of a joint database to manage the receipt and distributions of all supplies (PPE, medicines, and equipment) received by the country in response to COVID-19 to ensure equitable allocation and coverage.

PAHO, as a member of the Donor, Partner Coordination and Supply Management Working Group, provided technical assistance to the Ministry of Health in reviewing the national needs list to align with offers of financial and technical support to the country by donors and other partners. The national stakeholders, with PAHO's guidance, were able to quickly develop lists of short-, medium- and long-term needs that could be presented to various donors and development partners (local and international) as well as to the Government to inform use of the designated fund for COVID-19 response.



# Strengthening Patient Management in the Interior through Implementation of an Electronic Information System

n 2020, the Medical Mission, with support from PAHO, continued the implementation of its web-based patient management information system. The system was further implemented in 30 clinics that provide health care in the rural hinterlands of Suriname. Training of health care providers to directly input patient data into the web-based system and utilization of this data for decision-making have had significant impact on the way patients are managed in the hinterlands. Additionally, case files can be retrieved at the headquarters in the capital, Paramaribo, for specialist consultation and to facilitate remote consultations where necessary.

The investment made in training health care providers on how to use the system, to underscore the importance of managing the patient as a whole, and to analyze their concerns through a more holistic lens will have significant impact on not only the providers' ability to improve patient care but will also contribute to the organization having a better understanding of the disease trends, stock management of medicines, and timely information on cases requiring medical specialist attention.

Training of health care providers to directly input patient data into the webbased system and utilization of this data for decision-making have had significant impact on the way patients are managed in the hinterlands.



During this challenging year, most of the technical focal points for communicable diseases in Suriname were involved in the response to COVID-19. During 2020, preparations were made to receive two new grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria. PAHO provided technical assistance with the review of the national strategic plans for malaria and HIV/AIDS, and the writing of new proposals for grants to combat malaria in Suriname. In addition, leprosy and other neglected infectious diseases were also targeted for interventions in 2020.

#### **Moving toward Malaria Elimination**

uriname has made great achievements toward malaria elimination in the last 10 years and is part of the group of countries capable of eliminating the disease by 2025. In 2020, the country registered 145 indigenous cases and 92 imported from other countries.

Malaria transmission occurs in areas where a combination of mobile migrant population and the social and environmental health determinants of the disease occur. These include forested areas, hard-to-reach populations, and areas with low access to health

services. The Malaria Program, which is an initiative of the Ministry of Health has been working on targeted groups (Amerindians and gold-mining mobile migrants) using new strategies and adjusted guidelines according to PAHO/WHO recommendations.

In 2020, the Malaria Program received technical assistance on the implementation of the Diagnosis, Treatment, Investigation and Response Strategy at the local level. The assistance focused the response on an outbreak that occurred in Amerindian communities linked to movement of the villagers.



Malaria surveillance activities were implemented at the following locations in the rural hinterlands of Suriname:

- Tepu,
- Palumeu,
- Brokopondo.

In collaboration with the Global Malaria Program, Suriname started the pilot implementation of the Malaria Information System using DHIS-2 tools for malaria elimination adapted to the country context.

PAHO, in collaboration with national and international partners, supported the review of the National Strategic Plan for Malaria Elimination 2021 and the writing and review of the Malaria Concept Note submitted to the Global Fund.

The Malaria Program played an essential role in the COVID-19 response delivering health services to the mobile migrants in Suriname, and PAHO supported with communication materials, air transportation, and equipment on several missions to the interior.

The Malaria Service Delivery team was also sensitized to the signs and symptoms of COVID-19 to facilitate surveillance for cases in the interior.

The path toward malaria elimination continues, with protocols and national guidelines in need of review, and the maintenance of essential services with PAHO's technical assistance.

#### **Assisting the HIV and Tuberculosis Programs**

uriname is the recipient of a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria ending in 2021. The country reviewed the sustainability plan for HIV and tuberculosis, and reviewed the National Strategic Plan for HIV/AIDS 2021.

In a challenging year with restricted movement and meetings, the team led by the caretaker Country Coordination Mechanism and assisted by PAHO reviewed the sustainability plan and started the review of the National Strategic Plan.

These two documents are essential for the elaboration of the HIV/AIDS concept note planned for 2021.



# **Suriname on the Way to Becoming Free of Leprosy**

n 2020, Suriname reported 25 new cases of leprosy and 35 people under treatment.

With the objective to eliminate leprosy in the country, PAHO supported the development of a multimedia campaign in different languages (Dutch, Portuguese, Sranantongo, Saramaccans, and Auccans). The main purpose was to recognize early signs of the disease and encourage the population to seek medical attention if they had any signs of leprosy. Technical assistance was also provided for the review of the National Guideline for Leprosy and the development of educational material for health workers.

All treatment for the registered patients was donated by PAHO/WHO to the National Leprosy Program of the Dermatology Department of the Ministry of Health.



### "CHECK ELKE VLEK OF KNOBBEL het is een onderzoek waard"

Lepra kan zich op verschillende manieren voordoen op de huid.

Ga naar je huisarts en vraag: Kan dit lepra zijn?

Bij een tijdige en complete behandeling is volledige genezing mogelijk.



Dit is een oproep van het
MINISTERIE VAN VOLKSGEZONDHEID
DIENST DERMATOLOGIE





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LEPRA IS TE GENEZEN SAMEN KUNNEN WIJ LEPRA ELIMINEREN

Noncommunicable Diseases and Mental Health: Integrating Activities in the COVID-19 Response

Noncommunicable diseases (NCDs), mainly cardiovascular disease, cancer, chronic lung diseases, and diabetes, are the leading cause of morbidity and mortality in Suriname, in addition to causing premature death and disability. As part of the technical cooperation between PAHO and the Ministry of Health, NCD prevention and control (including reduction of the risk factors) is one of the priority areas for support during the 2020–2021 biennium.

# **Supporting the Cancer Response**

AHO supported the Ministry of Health with the development of a strategic plan for the prevention and control of cervical cancer. During the process of development, a situational analysis was prepared, and virtual consultations and individual virtual meetings were held to receive information on the organization of services for human papillomavirus vaccination, screening, and treatment, as well as to explore the strengths, weaknesses, and priorities for the cervical cancer. This facilitated the finalization of the draft strategic plan for the prevention and control of cervical cancer (2021–2030).

# Healthy Lifestyle Promotion

AHO, in collaboration with the Ministry of Health and general practitioners, hosted a webinar to create/increase awareness concerning COVID-19 in relation to NCDs, with a special focus on the importance of maintaining a healthy lifestyle by those living with or affected by NCDs. The webinar was aired live through a popular local television station to ensure wide viewership. This resulted in 5,600 views online as indicated on the television station's social media page.

Technical support was also provided for the development of a video and informational package presenting local foods and the quantities to be eaten as part of a healthy diet. This was made available to the Ministry of Health. The video has been shared on social media and broadcast on national television.





AHO supported the Ministry of Health with the preparation of a project proposal (FCTC 2030) which was submitted to WHO and approved. The focus of this project is on the provision of support to the Tobacco Program within the Ministry of Health.

The Ministry of Health in collaboration with the police force and the other government sectors responsible for enforcement, developed a procedural manual and a training module to inform the enforcement workforce on the specifics of the Tobacco Act.

To further encourage smoking cessation, a series of four programs was aired on national television.

During these programs, which were aired live, experts discussed the negative effects of tobacco use and tobacco addiction, and the cessation services available.

The impact of tobacco on the lungs and the implications for subsequent infection with COVID-19 were also discussed. Outreach activities were supported, during which the community received information on the negative impact of smoking, information on the current Tobacco Law, and cessation services available in Suriname as well as COVID-19 prevention.



# **Supporting Mental Health and Psychosocial Support**

AHO supported the Ministry of Health with the development and implementation of a Mental health and Psychosocial Support (MHPSS) Response Plan for COVID-19 (April 2020 – December 2020), with a goal to reduce suffering and improve the mental health and psychosocial well-being of people affected by the global COVID-19 pandemic in Suriname.

This plan consisted of five focus areas:

- Coordination,
- Communication,
- Health system,
- Public health measures,
- Surveillance and epidemiological intelligence.

PAHO, in collaboration with the Ministry of Health provided support in this area as follows:

- The development and broadcasting of audio infomercials (in Dutch and Sranan Tongo) on how to deal with stress during changes;
- The development of a series of four live television programs during which experts discussed current mental health issues.
   Listeners and viewers were able to call in, ask questions, and receive timely responses to their queries;



The development of a 2-part video for children based on the book: *My Hero Is You*. This book was a project developed by the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings. It teaches children how to cope with their feelings caused by changes due to the pandemic. The format of a video was decided on based on the input received from children, and it was produced using mainly children as the actors;

Psychosocial Skills for COVID-19
Responders was made available for anyone performing a critical function during the COVID-19 pandemic and whose work was essential to the survival of people affected by COVID-19 or those

who keep systems and services functioning for the benefit of everyone. The launch of this training course was done in collaboration with the Mental Health Program of the Ministry of Heath via the virtual platform, WebEx. Eighty-eight persons completed the training successfully and received certificates;

The translation, adaptation and dissemination of a brochure for health care workers on stress management *Stress Management voor gezondheids-werkers*.

Much effort was placed on mental health and psychosocial support as it was well recognized that the negative impact of COVID-19 on individuals and families could be severe.



Deze folder wordt u aangeboden door het BOG met ondersteuning van de PAHO



As the COVID-19 pandemic affected all program areas, the originally planned activities for the year had to be adjusted to meet the requirements for an adequate and appropriate response to the pandemic. The contribution made in the area of Health Throughout the Life Course related mainly to the improvement of maternal and newborn health, as well as care and safety for older people living in long-term care facilities.

#### **Improving Maternal and Newborn Health**

he maternal mortality rate (MMR) in Suriname remains relatively high. With an average MMR of 130/100,000 live births for the period 2010–2014, Suriname is ranked in the top 10 countries in the Region of the Americas with the highest rates. To further contribute to the goal of reducing this rate, PAHO provided technical cooperation in the development of the National Maternal and Newborn Health Strategy 2021–2025 and the Operational Plan 2021–2023.

PAHO also supported the establishment of a National Maternal Mortality Reduction and Maternal Health Steering Committee, which was officially established in March 2020, chaired by the Director of Health, with representatives of the relevant professions (obstetricians/

gynecologists, midwives), primary health care, and hospital management.

As of March 2020, with the confirmation of the COVID-19 pandemic in the country, the focus was placed on providing health information to pregnant women and new mothers about prenatal care, delivery, and postnatal care in times of COVID-19; what to expect and what to do. In addition, the adjustment of maternal health protocols was facilitated to make them relevant to the COVID-19 response.

PAHO also supported the drafting of guidelines for continuation of care related to pregnant women and their unborn children. A series of brochures, posters, and audio messages were developed, piloted, produced, and disseminated through the primary care facilities.

# INFORMATIEBROCHURE VOOR ZWANGEREN EN RECENT BEVALLEN VROUWEN



### **Promoting Exclusive Breastfeeding in Times of COVID-19**

n 2020, Infant and Young Child Feeding (IYCF) Counseling Cards, related to COVID-19, developed by WHO and UNICEF, were translated into Dutch, edited, pilot tested, and printed.

The limitation of person-to-person training of the health care workers in the use of these additional IYCF counseling cards was a challenge however, and will be addressed by the production of video instructions in an online course, with opportunities for question-and-answer sessions. With 8.9% exclusive breastfeeding in the first six months, Suriname still has much work to do in promoting breastfeeding.

Since 2017, much effort has gone into supporting the implementation of the Baby Friendly Hospital Initiative, with breastfeeding promotion as a main pillar.

In March 2020, just days before the first COVID-19 case was identified in the country, one hospital (the Mungra Medical Center in Nickerie) was certified as a baby friendly hospital. However, the momentum for the preparation of all facilities that provide delivery care to meet the requirements for external certification was delayed due to the COVID-19 pandemic.





#### Protecting the Vulnerable – Preventing the Spread of COVID-19 among Older People

ong-term care facilities, such as care homes for older people, have a higher risk for the spread of the SARS-CoV-2 virus, due to their set-up (environmental factor) and to the vulnerability of their residents (biological factor).

Development of protocols and educational materials for staff and caregivers to strengthen the preparedness and response to the COVID-19 pandemic in the care homes for older people is a key strategy to prevent the spread of COVID-19.

As part of a multi-country project funded through voluntary contributions, the care homes for older people were targeted with the following activities facilitated by the PAHO Country Office to prevent the spread:

- Conducting of a risk assessment at 5 of the 24 care homes for older people and technical guidance for the development of protocols for the preparedness and response for COVID-19;
- Provision of reliable information on good hygiene practices, infection prevention and control, psychosocial support, and self-care for residents during periods of lockdown;
- Reinforcing guidance and actions to isolate ill persons and access telehealth services through provision of IT equipment to facilitate teleconsultations with medical providers and psychologists.

A protocol for long-term care facilities was also developed, including activities for preparedness, prevention, and response to COVID-19. Based on this protocol, a checklist for the assessments was developed. The assessments were conducted in the five largest care homes for older people. The findings were used to inform training in basic IPC practices for 40 health care workers and assistants.

In addition, the OpenWHO online course on IPC was translated into Dutch to improve access to persons. Equipment and supplies in support of IPC practices were also provided by PAHO and handed over to the Ministry of Health for distribution to the 24 homes. These included N95 masks, medical masks, gloves, 70% alcohol, chlorine (bleach), and hand sanitizer.

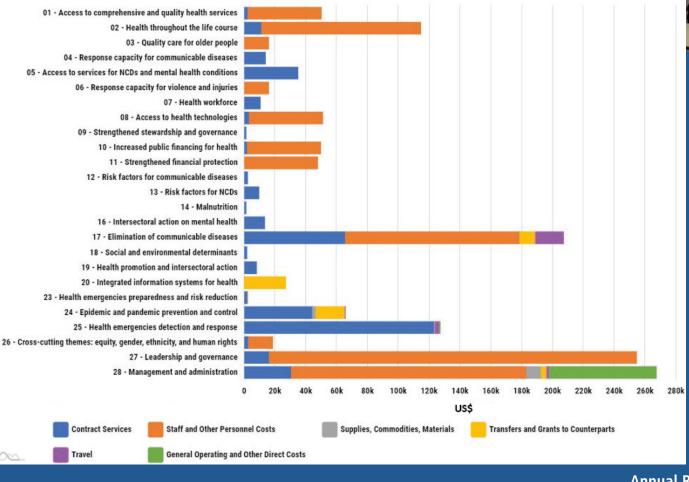
The support from PAHO has been immense and very prominent during this pandemic. We are very grateful for the support to the elderly care homes, as the elderly make up one of the most vulnerable groups for COVID-19.

#### Carol de Baas

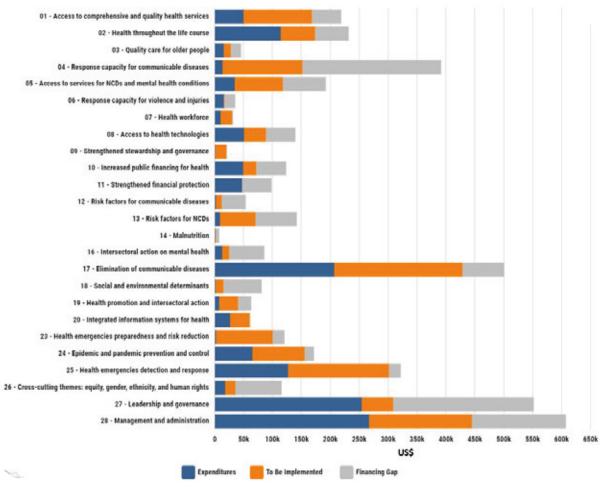
Head of the Inspection of Nursing and Care Professions in Suriname

# Financial Summary

#### **Expenditure by category**



#### **Biennial Budget 2020–2021**

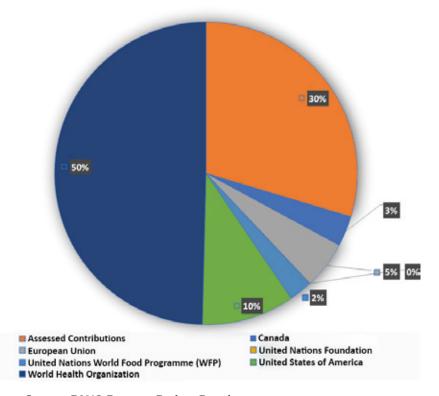






#### **Funding Sources**

| Funding Sources                     | Sum of Awarded Budget (US\$) | %    |
|-------------------------------------|------------------------------|------|
| Assessed Contibutions               | 1,150,572                    | 30%  |
| Canada                              | 126,527                      | 3%   |
| European Union                      | 196,768                      | 5%   |
| United Nations Foundation           | 2,500                        | 0%   |
| United Nations World Food Programme | 95,923                       | 2%   |
| United States of America            | 384,822                      | 10%  |
| World Health Organization           | 1,927,343                    | 50%  |
| Grand Total                         | 3,884,454.95                 | 100% |



Source: PAHO Program Budget Portal.













Mondkap op

Handen wassen

Hoesten of niezen in de elleboog

Oppervlakken schoonmaken



Drukke plekken vermijden



Gezicht niet aanraken zonder je handen eerst te wassen

Afstand houden

**BESCHERM JEZELF, BESCHERM DE ANDER!** 

# **Looking Ahead**

pandemic continues to be a threat to Suriname, and the vaccines become available, the need for continued support for the response and the vaccination campaign have been identified as priority areas for technical cooperation.

The pandemic has also highlighted the importance of having robust information systems for health to support timely

and accurate data and health indices for planning and programming. The PAHO Suriname Country Office will continue its technical cooperation for the COVID-19 response and vaccination plan in 2021, while refocusing on the planned activities in the biennial workplan where feasible, especially in relation to information systems for health, universal health coverage, and activities related to the control of NCDs.



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