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GHANA HEALTH SERVICE
PRIVATE MAIL BAG
MINISTRIES
ACCRA, GHANA.

GPS Address: GA-143-4609

Tel: 662014
Fax: 666808
Email: dg@ghsmai.org

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NEWS RELEASE

RE: DEAR GHANA HAVE WE DECIDED TO LIVE WITH THE VIRUS?

Our attention has been drawn to a release by a pressure group " Occupy Ghana" titled: **Dear Ghana, have we decided to live with the virus?**

We wish to state that we have noted the concerns raised in good fate. It is an indication that many Ghanaians are closely watching and looking out for the interest of the nation as we fight this COVID-19 pandemic together. We however wish that such concerns are raised in a way that does not seek to impugn the professional integrity of health workers who are managing this pandemic, but rather to genuinely seek for explanations to get better understanding of what is being done by the health sector.

It is in this light that the Ghana Health Service would like to respond and clarify all the issues raised in the release.

Case count

In respect to case count, the total numbers put out in the public domain represents cumulative figure of all cases ever recorded in the country since the first confirmed case on 12th March, 2020. Cumulative count cannot decline. What should be of concern are the daily reported new cases. The current number of daily new positive cases over the past few days are worrying, however, the trends represent more of isolated spikes in localized institutions and localities and does not represent generalized diffused community spread. It is worth noting that in the last one week, 3 regions and 176 districts out of the 260 districts have not reported any new COVID-19 case.

Test and Laboratory

The lab is a strong pillar of our national response. We acknowledge that there are instances where we experience some delays in the release of results but majority of them are delivered on time within 48hrs.

All laboratory reports are released to the districts within which the organization operates or where samples were taken. The test results are communicated to the individual concerned by the district and not to the organization in line with the ethics of medical practice. The district health management team will then inform the organization of any risks and actions that needs to be taken.

So far we have not been able to find any suitable RDTs to augment the PCR test. We will continue to evaluate RDTs and when a suitable one is found it will be added to reduce the pressure on laboratories.

We continue to resource our labs and motivate laboratory staff to give of their best.

Alleged suppression of data

WE WISH TO STATE CATEGORICALLY THAT GHANA HEALTH SERVICE DOES NOT MANIPULATE THE DATA COLLATED FROM THE REGIONS. The reporting on data including deaths and recoveries at the National level goes beyond just numbers and includes epidemiological and clinical states of the cases. It requires a bit more time to verify and validate. In that context, the Regional-level data will normally be higher than the National data at any given time. There are Treatment Centers across the Regions supported by the National Case Management team. All reported COVID-19 related data including deaths are reported through our reporting channels (facility- district- region- national). All deaths reported from treatment centers in the districts are thoroughly reviewed by the National Case Management Team with regions to validate cause of death, presentation of the case, care and treatment given and lessons learnt and also eliminate any possible double counting. It is after this certification that the numbers are added to the national data and published.

Going by this norm, the region will first report through their Situational Report to Director General and other partners. We must remember that the Regional Health Administration is part of the Ghana Health Service and as such if there is a grand scheme to massage the figures on deaths as is being alleged, the region will not report such figures through its situational report. This allegation of data massaging, in our opinion is very unfair and an affront to our professional integrity.

The Issue of PPE and the safety of health workers

We are equally concerned about the number of health workers being infected and the Service is doing everything possible to minimize the risk to all staff. The issue of the unavailability of PPEs has largely been resolved, nonetheless occasional mal-distribution in some regions and districts do occur leading to temporary shortages in some health facilities; and this occurrence is continuously monitored and addressed. We are using the Logistic Information Management System which gives us real time information to monitor remotely PPEs availability at least up to the level of the district and we use districts' facility distribution reports to monitor PPEs availability at service

delivery points and respond rapidly to shortages. Our concern however, has been more on the appropriate and consistent use of the PPEs by health workers according to the level of risk they are exposed to. We believe there is a capacity gap here. In this regard, we are currently re-training health providers on Infection Prevention and Control (IPC) and most importantly adherence to appropriate and consistent use of PPEs.

Bed space

In terms of attainment of full bed capacity for critical in patient care for COVID 19, we can state that we have never exceeded our bed capacity as a country. We started this process with a 450 bed capacity which has increased to 700. At the moment, we have 71 treatment centres across the country and 21 of them are idle. We are still not resting on our oars, we will continue to expand. We are expanding the number of beds in Kumasi to take care of mild to moderate cases and positive cases with co-morbidities. We are working with the regions to increase the bed capacity for moderate to severe/critical cases; example is the 12 bed COVID-19 ICU wing coming up at the Greater Accra Regional Hospital. The largest isolation centre that is used for those who are largely asymptomatic is the Pentecost Convention Centre (PCC) located in Gomoa Feteah with a bed capacity of 600. As at 16th June 2020, we had 356 in-patients; and the Centre has never operated at maximum capacity.

Critical Care Staff

We are aware of the importance of critical care staff in the fight against COVID-19 and also we are not oblivious of the fact that we do not have many of them. To maximize the use of these essential staff who are also needed for care of other non COVID cases, we have identified some centers such as UGMC, KBTH, Greater Accra Regional Hospitals and KATH as the main centres to manage our critical cases. This is to ensure the efficient use of the limited critical care staff that we have as a country.

Discharge

We have instances where people who have the ability to self-quarantine are discharged after the first negative test for a follow up. Despite the strong evidence from available peer review literature that suggested that most COVID 19 patients stop shedding the virus after two weeks, we continue to use protocol of two consecutive negative tests before declaring anyone as recovered.

On the issue of some people testing positive after a negative test, available literature shows that it is possible to have positive test even in the absence of viral activity but mainly as a result of the presence dead viral strands.

Contact Tracing

During the lockdown period, the Service engaged volunteers in Greater Kumasi and Greater Accra to augment the existing staff strength in the conduct of enhanced contact tracing which included 34,000 travelers who entered the country three weeks before the lockdown. After the lockdown, when the numbers of contacts that needed to be traced went down, the Service resorted to the use of its own staff and disengaged all volunteers. The staff are the community health nurses and disease control officers whose duties normally involve community outreach.

Schools Re-opening

We must emphasize that the health of Ghanaians is our utmost concern and as such, we will strive to ensure their safety at all times and make readily available COVID-19 related information. We are working closely with the Ministry of Education and Ghana Education Service in this regard to ensure that every school is appropriately linked to our district health facilities who will supervise to ensure that the social distancing, hand hygiene and wearing of nose masks protocols put in place for the schools to reopen are strictly enforced. We are confident that the implementation of these measures will significantly reduce the risk of infection and also enhance our capacity to respond to any outbreak. We are working with the School authorities to ensure adherence to these protocols.

We are open to meet all stakeholders for further discussion and clarification. Thank you.



Dr. Patrick Kuma-Aboagye
Director General
Ghana Health Service