

**Peter Ngo'la Owiti, Community Representative to the ACT-A Facilitation Council  
Statement at the 12th Facilitation Council meeting (28 October 2022)**

1. Long COVID is a broad term that encompasses people still recovering from COVID-19 and those with long standing health impacts from COVID-19. Long COVID can hinder an individual's ability to work, attend school, participate in community life, and engage in everyday activities. As the world learns to live with COVID-19, it is critical that we recognize the devastating longer-term impact of the disease.

There is a need to assess the long-term effects of COVID-19 on patient health and recovery at the sub-national level, particularly in communities with the aim of informing the development of care pathways to help individuals recover as fully as possible after having experienced COVID-19. People with Long COVID have disease symptoms that persist for weeks or months after acute COVID-19 infection. It remains difficult to measure precisely; underscoring the need for community-based research to ascertain the prevalence and impact of the condition. Since there is still many burdens in defining long covid and how to treat the symptoms, the only prevention is by protecting the people from COVID infection. The long covid is real. This idiom is referred to a continuation effect of the Covid 19. The biggest effect of this long covid is reducing the quality of life of the covid survivors.

A structured additional diagnosis is needed, followed by a structured and continuous treatment. Also, the doctors and the health practitioners should be aware with this long covid's symptom, and should support the diagnosis' and treatments of long Covid 19.

As representatives and voices of communities across the world, we believe this can be achieved by incorporating and integrated management services for the range of effects of COVID-19, such as fatigue, breathlessness, heart, physical or psychological impacts, as a result of COVID-19. The majority of people can access the rehabilitation support they need from the multi professional health and care services in the community and, only where necessary, from inpatient rehabilitation services.

2. Test and treat is a tried-and-true approach in which early diagnosis and outpatient treatment prevents disease progression and transmission. However, in LMIC, testing remains low and despite most governments declaring the test free, a high cost is attached to it in most places. Testing has fallen by 70 % to 90 % across the world. We are blind to what is happening to the virus as the world relaxes their public health policies. With the upgrading of Rapid antigen test by WHO we the community hoped that we would be doing much more testing at the community level but the cost is still prohibitive to many.

3. Vaccines have changed the course of the pandemic; reducing the risk of catching the virus, reducing the severity of the infection and reducing the risk of an infected individual spreading the virus. This breakthrough has yielded positive outcomes in High income countries; however, a large number of LMICs are well below the 50% mark of national coverage, presenting a risk not only to their residents but also to global progress in preventing the spread of potential variants. We however are apprehensive on when bivalent vaccines will eventually reach LMIC considering that Financial Intermediary Fund has so far generated a palsy 1.4 billion against 10.5 billion expected and the lack of Key performance indicators (KIPs) in the plan which shows how we are making progress makes it difficult for accountability

4. This pandemic becomes the real case that we need to strengthen the health system to achieve universal health coverage (UHC) through pandemic preparedness and response. This has not been well articulated in relation to primary health care