To our Long Island and New York communities:

I write to you from my newly-assembled home office as springtime comes to Lexington out my window, my young children are downstairs home from school with the teenager from next door babysitting, my husband is out serving as a front-line health worker, and every neighbor and family member has suddenly become interested in my global public health training and work. The new normal is nothing but normal; in Madagascar, as you know, we are sort of used to this kind of thing.

I think of you in Long Island as our extended family – you have become a unique community among PIVOT supporters, who have elected to wade into the deep end with us in rural Ifanadiana, a place where measles and plague, as well as malaria and malnutrition, are commonplace. A place where the insecurities of daily life feel as familiar to its people as this moment in the United States feels unfamiliar to us.

We are vulnerable together, and in this together, and I am grateful for you.

In terms of what this feels like to lead on the ground, here are a few windows into our world. We are planning to host a series of “voices from the field” calls to connect you to the work over the coming weeks, offering the chance to talk with PIVOT leaders and health experts who have responded to Ebola, cholera, and other monumental public health crises around the world. We hope to be able to answer your questions, offer a sense of hope, and help deepen the feeling of solidarity we need now more than ever.

As of today, there are no confirmed cases of COVID-19 in Madagascar. The national government is meeting regularly, and we are at the table with them. This past weekend, we authorized a $100,000 emergency order, through Partners In Health procurement teams, that includes 7,000 test kits, personal protective equipment (PPE) for health workers, and oxygen concentrators. Some of the order will be donated for use in the capital, because containment there may mean everything for how the country fairs overall, and some will be part of our response in Ifanadiana District, across the 21 health facilities and network of community health workers we support.

In Ifanadiana District, the District Chief is holding twice-weekly vigilance and pilotage committee meetings to ready the hospital and health centers for what is to come. Dr. Njaka, our Manager of Infectious Disease, is leading COVID-19 program response and hosts a daily staff meeting around information and preparedness. PPE will make all the difference in terms of health workers (government and PIVOT both) being willing to stay the course and see patients through this, rather than pack up their families and go home to their lives in the cities. We need to ensure things like
deliveries can still be safe, children in the malnutrition ward are not made more vulnerable by this, and routine vaccine coverage continues.

In other words, there has never been a more important time to keep strengthening the health system in rural Madagascar, as PIVOT exists to do.

While the global community observes this pandemic play out in wealthier nations, much remains unknown about how the disease will spread in the most vulnerable parts of the world. What happens in a place without access to running water, where more people are already immunocompromised from things like malnutrition and tuberculosis, but fewer people are aging or living with chronic disease? What about rural communities where contact with the outside world is already limited, but social distancing will be nearly impossible? It’s the rainy season in Madagascar, so how will people there be able to tell the difference between COVID-19 and malaria?

As one of the world’s leading NGOs on the integration of field-based data analytics with care delivery in low-income settings, we are mobilizing to answer some of these fundamental questions. Our expertise in quantitative and spatial epidemiology means we have a unique obligation and opportunity to advance our collective understanding of COVID-19 dynamics in settings like Ifanadiana District and Madagascar. We are already collaborating with the Ministry of Health, Institute Pasteur, and other international partners to develop local early warning signals and models for disease forecasting that we hope will provide value to the global effort to respond to this challenge.

As I think about our 200-person staff – almost all of whom are based in Madagascar and many of whom will face this head on – I have a commitment to prepare for their safety, think about their well-being, and stay the course on work that we have always believed is essential. Thank you for believing that, too. As Lynn Ungar writes in her poem, shared below, “our lives are in one another’s hands.”

My deepest thanks,

Tara Loyd
Executive Director, PIVOT
Pandemic

By Lynn Ungar  |  March 11, 2020

What if you thought of it
as the Jews consider the Sabbath—
the most sacred of times?

Cease from travel.
Cease from buying and selling.

Give up, just for now,
on trying to make the world
different than it is.

Sing. Pray. Touch only those
to whom you commit your life.

Center down.

And when your body has become still,
reach out with your heart.

Know that we are connected
in ways that are terrifying and beautiful.
(You could hardly deny it now.)

Know that our lives
are in one another's hands.
(Surely, that has come clear.)

Do not reach out your hands.
Reach out your heart.
Reach out your words.
Reach out all the tendrils
of compassion that move, invisibly,
where we cannot touch.

Promise this world your love—
for better or for worse,
in sickness and in health,
so long as we all shall live.