

# A living WHO guideline on drugs for COVID-19



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## Updates

WHO has produced an update to the living guideline on drugs for COVID-19 in the article published by BMJ. It replaces earlier versions (4 September and 20 November 2020) and supersedes the BMJ Rapid Recommendations on remdesivir published on 2 July 2020. The previous versions can be found as data supplements. New recommendations will be published as updates to this guideline. (BMJ 2020;370:m3379 <https://www.bmj.com/content/370/bmj.m3379>) Click for updates.

**Readers note** This is the third version (update 2) of the living guideline (BMJ 2020;370:m3379). When citing this article, please consider adding the update number and date of access for clarity.

## Abstract

**Clinical question** What is the role of drug interventions in the treatment of patients with COVID-19?

**New recommendation** The latest version of this WHO living guidance provides strong recommendations against the use of hydroxychloroquine and lopinavir-ritonavir in patients with COVID-19 regardless of disease severity. These recommendations follow the publication of results from the WHO SOLIDARITY trial.

**Recommendations** This guidance adds to recommendations for corticosteroids and remdesivir published in the previous versions, with no changes made in this update: (a) a strong recommendation for systemic corticosteroids in patients with severe and critical COVID-19, (b) a conditional recommendation against systemic corticosteroids in patients with non-severe COVID-19, (c) a conditional recommendation against remdesivir in hospitalised patients with COVID-19.

**How this guideline was created** WHO has partnered with the non-profit Magic Evidence Ecosystem Foundation (MAGIC) for methodologic support, to develop and disseminate living guidance for COVID-19 drug treatments, based on a living systematic review and network analysis. An international standing Guideline Development Group (GDG) of content experts, clinicians, patients, and methodologists produced recommendations following standards for trustworthy guideline development using the GRADE approach. No competing interests were identified for any panel member.

**Understanding the new recommendation** When moving from the to the strong recommendations against the use of hydroxychloroquine and lopinavir-ritonavir in patients with COVID-19, the panel was informed by a living systematic review and network meta-analysis of 30 trials with 10 921 participants for hydroxychloroquine and seven trials with 7 429 participants for lopinavir-ritonavir. The trials for both drugs included inpatients and outpatients. Moderate certainty evidence for both drugs demonstrated no reduction in mortality or need for mechanical ventilation. There was also low certainty of evidence for harm with both drugs, including diarrhoea and nausea/vomiting. The panel did not anticipate important variability when it comes to patient values and preferences. In addition, the panel decided that contextual factors such as resources, feasibility, acceptability, and equity for countries and health care systems did not alter the recommendation.

# Successful treatment of a 5-year-old with burns through the Provision of Essential Health Services Project, Ulang, South Sudan

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## Background

In South Sudan health services are sparse making it very difficult for some communities, especially in isolated areas, to access care. To mitigate this the Ministry of Health (MOH) and partners are implementing Primary Health Care (PHC) services with support from donor organizations including the World Bank.

The Provision of Essential Health Services Project (PEHSP) started in July 2019 in Upper Nile and Jonglei States.<sup>[1]</sup> Since then many lives have been saved through a variety of interventions. One example is **Nyaduoth Jock Chuol**.

**Nyaduoth Jock** was a 5-year-old girl living in the village of Pare in the Western part of Yomding Payam, 20 kilometres from Ulang County, Upper Nile State. Pare village has a population of about 1500 and most earn a living mainly by farming and cattle rearing. Pare community accesses its health services at Rupboard Primary Health Care Centre (PHCC) seven kilometres away. This often made it very difficult for mothers and children to get the needed healthcare and especially so in the rainy season when flooding cuts communication with Rupboard.

One day **Nyaduoth Jock** was playing around the kitchen where she climbed on a wall and accidentally fell into a saucepan containing twenty litres of hot water. She sustained serious burns to about 32% of her body affecting especially her abdomen (9%), back (9%), legs



*Figure 1. Reat Jock Banguot (Health Project Officer for Lot 5) on his way to Pare to do a home visit to check Nyaduoth.*



(4%) and hands (6%), where the skin peeled off. This caused extreme alarm to the family who were frightened, confused and not knowing what to do.

However, Nyaduoth's mother, Madam Nyakoang Tong suggested rushing **Nyaduoth** to Rupboard PHCC in case her life could be saved. So, in spite of the long journey, the parents took her there where she was admitted and the necessary care was started by the health workers and the on-duty Clinical Officer **Yien Thomas Maluth**.

During this time her parents, especially her father, were worried that their daughter may die or develop long term complications such as contractures from the burn injury.

#### How Nyaduoth Jock's burns were treated <sup>[2,3]</sup>

According to South Sudan Treatment Guidelines for burns injury, the following treatments were given:

- Cloxacillin 250 mg orally 4 X per day for 7 days
- Intravenous Ringer Lactate (RL) 2 ml/kg X 32% (BSA) plus maintenance fluid (alternation of Ringer Lactate and 5 % glucose) for two days
- Paracetamol 250 mg orally 4 X per day
- Silver Sulfadiazine cream applied to the affected body parts 2 X per day
- Wound care with 0.9% Saline.

After staying for ten days in Rupboard PHCC, Nyaduoth showed signs of improvement. This made the parents gain confidence in the services being implemented under PEHSP. After a further four days she had continued to progress well and was discharged with scars but no serious complications and, in particular, no contractures. **Reat Jock Banguot**, Health Project Officer, later visited the family at home - see Figures 1 and 2.

Nyaduoth's parents thanked the health workers for saving their daughter's life and the entire community of Pare was very appreciative of the implementing partners, the South Sudan Agency for Internal Development (SSAID), for the lifesaving services that were provided in Rupboard PHCC and the other supported health facilities.



Figure 2. Nyaduoth, her father Jock Chuol, and Reat Jock (Health Project Officer for Lot 5) during a visit to her home in Pare (Photo was taken with Nyaduoth's father's permission).

#### References

1. Project Document (PD) Provision of Essential Health Services Project (PEHSP)
2. Standard Treatment Guidelines (STGs) 4. Hospital May 2019 Ministry of Health, Republic of South Sudan
3. Médecins Sans Frontières. Clinical guidelines diagnosis and treatment manual for curative programme in hospitals and dispensaries, guidance for prescription

Provision of Essential Health Service Project (PEHSP) is a World Bank project being implemented in Upper Nile and Jonglei States. This project was launched on July 1, 2019 to support the Ministry of Health (MOH) especially the County Health Department (CHD) in the delivery of essential Primary Health Care services to the affected populations. The funding is being managed by UNICEF and implemented by Implementing Partners (IPs) among which the South Sudan Agency for Internal Development (SSAID) is one. Geographically the areas under the two States are divided into Lots (1 to 10) and in each lot there are two or three Consortium partners. SSAID and the other two Consortium partners (Universal Network for Knowledge and Empowerment Agency, UNKEA and Malaria Consortium, MC) are Lot 5 Consortium members supporting two Counties (Ulang and Nasir) in Upper Nile State. SSAID and UNKEA are supporting a total of 21 health facilities (7 in Ulang and 14 in Nasir) while MC is supporting the delivery of Community Health Services through the Boma Health Initiative (BHI) especially in the targeted Bomas in both Ulang and Nasir Counties.