



Continuity of essential health services in COVID-19 era; Experiences from African Region

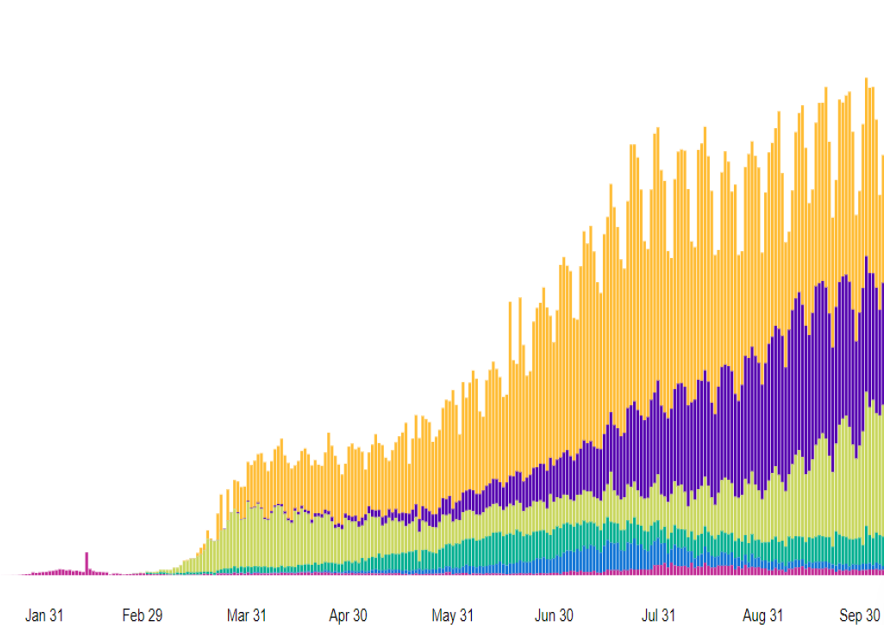
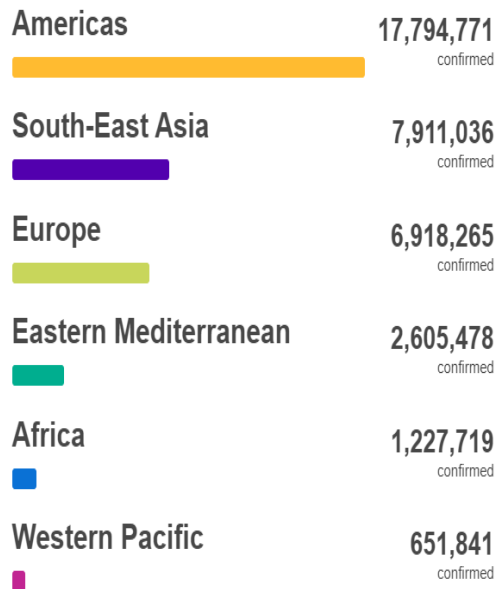
Dr Owen Kalua;
WHO Representative, South Africa

COVID-19 cases; by WHO Regions- Key facts

as of 11th Oct 2020



WORLD HEALTH ORGANIZATION REGIONAL OFFICE FOR AFRICA SUPPORTS THE COVID-19 RESPONSE



Source: World Health Organization
Data may be incomplete for the current day or week.

- COVID-19; countries in WHO AFRO region contribute to 6.7% cases and 2.4% deaths
- Major health systems and essential services disruption
 - over 35,000 HCW infections,
 - rise in non-COVID morbidity and mortality
- Mid to long term Health and economic impacts estimated to be high
- Increase in deaths over the next 5 years due to impact of COVID19
 - HIV up to 10%,
 - TB up to 20%, and
 - Malaria up to 36%
 - NCDs

WHO and UNAIDS Predicted impacts of services disruption for HIV/AIDS and TB

The cost of inaction on HIV-AIDS Services: COVID-19-related service disruptions could cause hundreds of thousands of extra deaths from HIV, and exponential increase in new HIV infections. *UNAIDS & WHO modelling, May 2020.*

<https://doi.org/10.6084/m9.figshare.12279914.v1>,

<https://doi.org/10.6084/m9.figshare.12279932.v1>; <https://doi.org/10.25561/78670>

In sub-Saharan Africa, an estimated 25.7 million people live with HIV and 16.4 million (64%) were taking ART in 2018. These risk treatment interruption if HIV services are closed or interrupted.

- ❑ Six-month disruption of ART could lead to > 500 000 extra deaths from AIDS-related illnesses, including from tuberculosis, in sub-Saharan Africa in 2020–2021
- ❑ Deaths in large numbers would continue for at least another five years after the disruption, an annual average excess in deaths of at least 40% ; and also impact on HIV incidence up to between 37-104% increase in new infections among children

Predicted impact of the COVID-19 pandemic on global tuberculosis deaths in

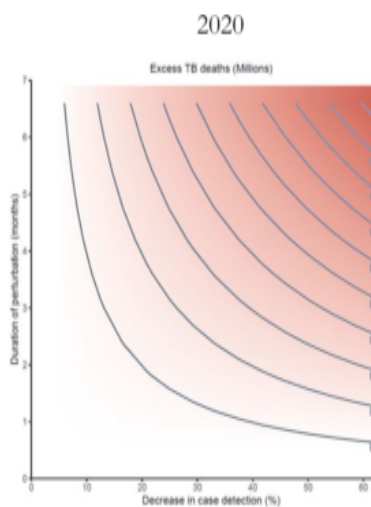
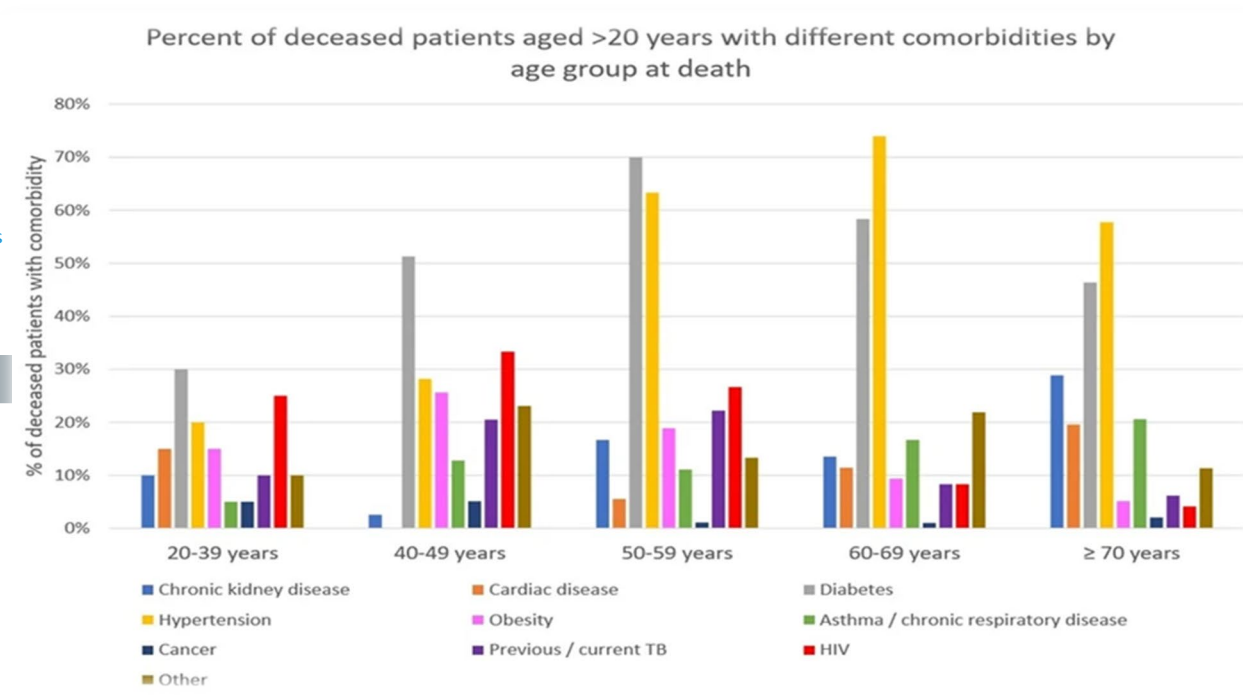
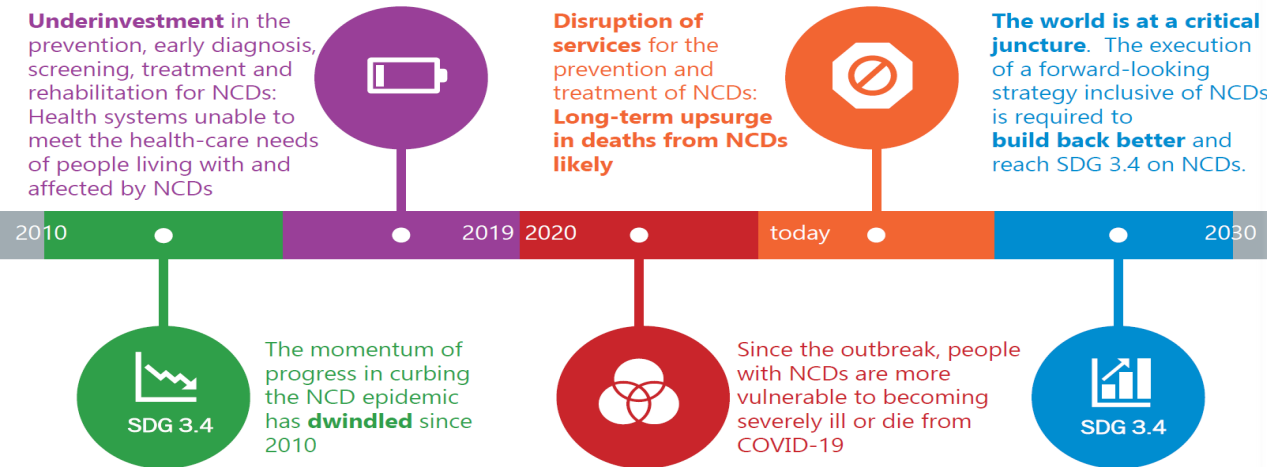


Figure 2. Predicted excess in TB deaths in 2020 in relation to the duration and extent of a temporary average reduction in TB case detection

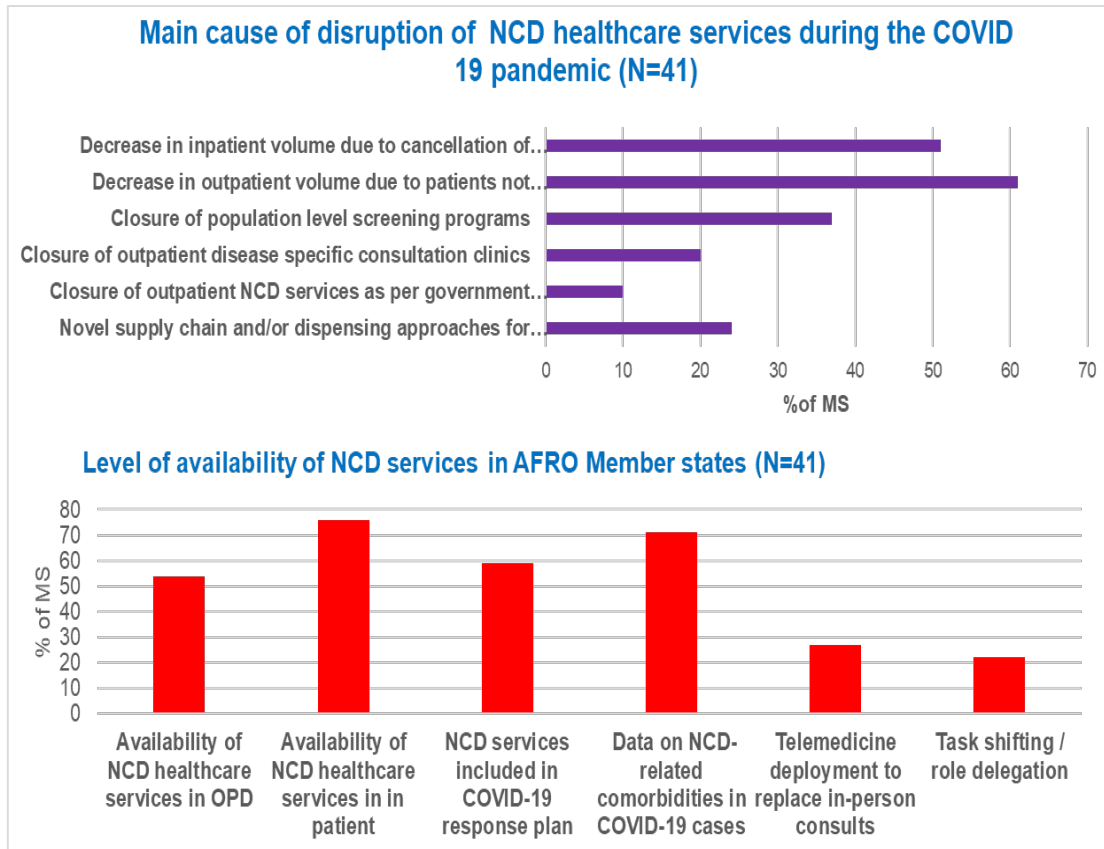
- A global TB case detection decrease by an average 25% over a period of 3 months (as compared to the level of detection before the pandemic), will lead to a predicted additional 190,000 (56000–406000) TB deaths (a 13% increase) bringing the total to 1.66 (1.3–2.1) million TB deaths in 2020, near the global level of TB mortality of the year 2015.

Non Communicable Disease; Chronic underinvestment and COVID-19 pandemic will exacerbate Health impacts

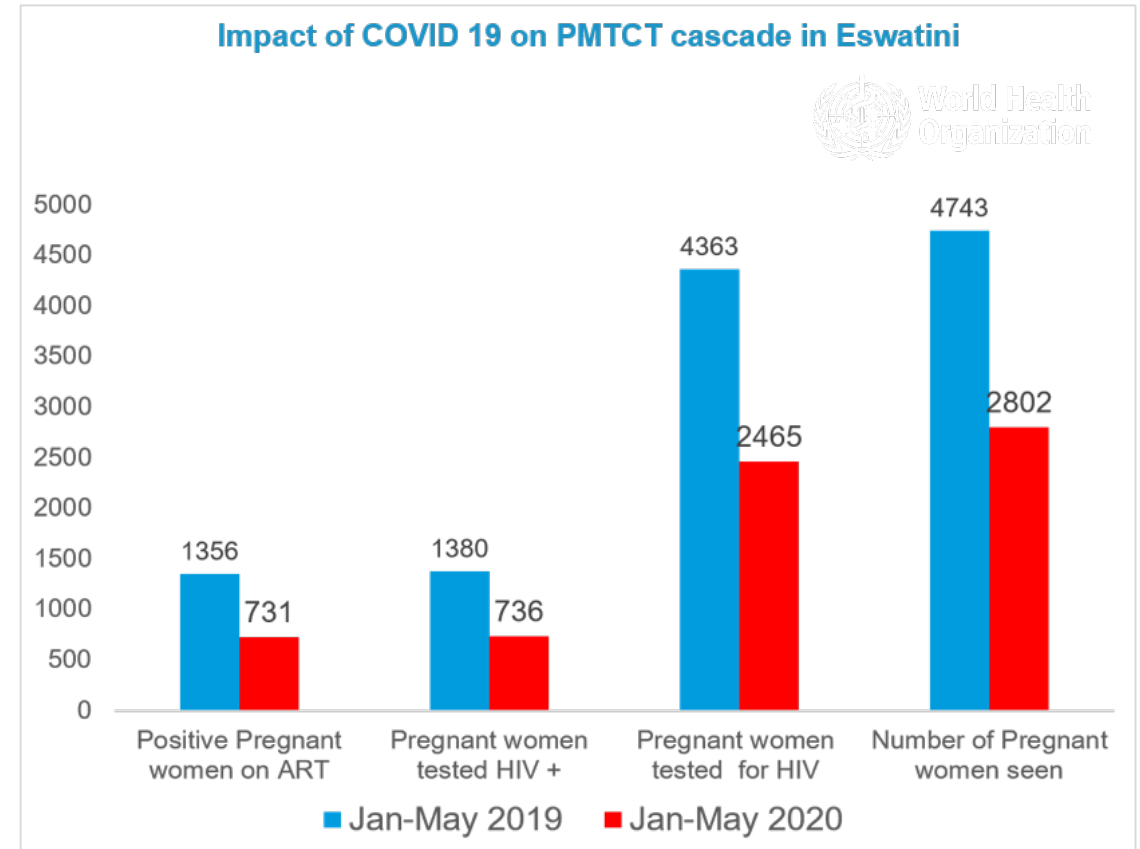


Rapid assessment of service delivery for NCDs during COVID-19 pandemic

Regional context- Rapid assessments on Essential Services disruption during COVID-19



Source: <https://www.who.int/publications/m/item/rapid-assessment-of-service-delivery-for-ncds-during-the-covid-19-pandemic>



Source- Unicef

Effect of COVID-19 on Immunization services observed in 11 East and south Africa countries

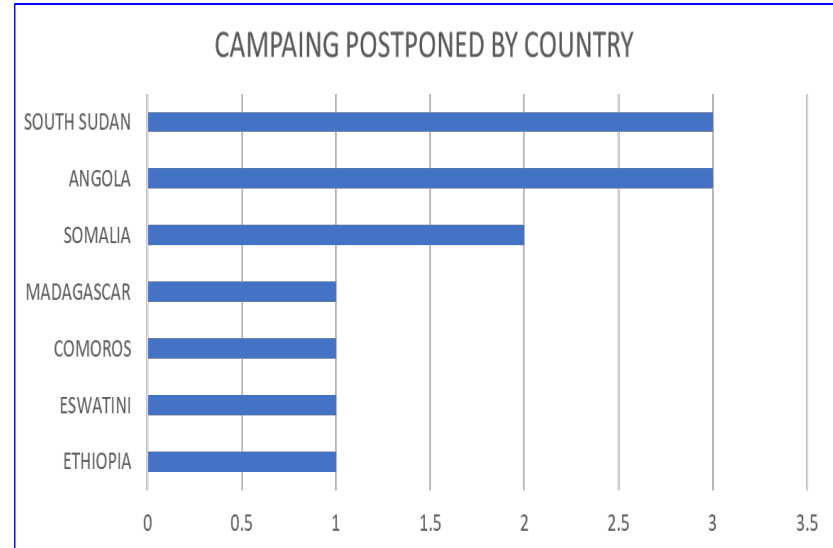
Rapid assessment using scoring



Reasons behind services disruption

- Immunization services most affected by pandemic
- Travel restrictions
 - Suspension of outreaches (Lockdown)
 - Fear of going to hospitals if not sick to avoid contracting COVID

of planned vaccination campaigns suspended



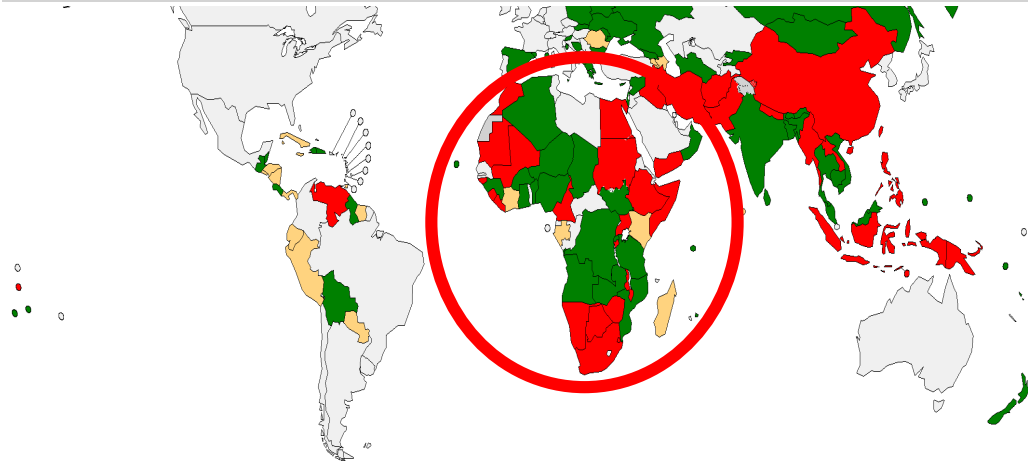
COUNTRY	COMMENT
Namibia	AVW was planned from the beginning for 08 - 12 June
Rwanda	HPV postponed as schools are closed
Uganda	YF reactive campaign is postponed until lockdown is eased despite readiness in preparations

What could be the result ?

- **12 CAMPAIGNS POSTPONED**
 - 6 MR CAMPAIGNS
 - 5 POLIO CAMPAIGNS AND
 - 1 TT CAMPAIGN
 - SOUTH SUDAN AND ANGOLA POSTPONED 3 CAMPAIGNS EACH
 - The impact of COVID-19 on planned mass vaccination campaign in ESAR:
 - At least 37,405,520 children missed vaccination due to postponement of preventive and reactive mass vaccination campaigns
- Risk of outbreaks assed through risk assessment to guide mitigation action

Countries reporting essential health services disruptions due to COVID-19, 2020

ARV disruptions: Preliminary results compiled from a survey conducted by WHO between April and June 2020 (n=127)



Country	Maternal & Newborn Health	EPI	Child Health	Nutrition	Reproductive Health	HIV	TB	Acute (Emergency) Care	Chronic NCD Care (e.g. Cancer)
Angola									
Botswana									
Burundi									
Comoros									
Ethiopia									
Kenya									
Malawi									
Mozambique									
Rwanda									
Somalia									
South Africa		(Lockdown)							
South Sudan									
Tanzania									
Uganda	(Lockdown)	(Lockdown)					(Lockdown)		
Zimbabwe		(Lockdown)							

Most affected services:

- EPI
- RH
- Child Health
- MNH
- TB
- HIV

	Significant disruption
	Partial disruption
	No report

Source: Global HIV, Hepatitis and STIs Programmes (HSS), WHO, 2020

Key Causes for disruptions in Continuity of Care

March-May 2020

Causes of service disruptions	ANG	BWN	BUR	COM	ETH	KEN	MWI	MOZ	RWA	SOM	SAF	SSD	TZA	UGA	ZIM
Nationwide lockdown measures															
Other containment measures															
Re-purposing of health facilities for COVID-19 case management															
Overburdened health facilities (stretched HF & community-based workers)															
Delayed care-seeking for fear of visiting health facilities															
Delayed care seeking due to increased costs															
Inefficient supply chain leading to Stock outs		(FP)			(FP)	(Mal)						Mal & others			blood supplies
Shortage of PPEs limiting service delivery															
Political reasons ("business as usual" resulting in overburdened health systems & failure to prioritize essential services)													Threats to close HIV care clinics		

- Pandemic, occurring on a background of already weak health systems in the African region has led to disruptions- limiting the access to essential health services in AFRO region.
- In the first 3 months of the pandemic disruptions were noted in almost every essential health service
- Key Contributing factors: the lockdowns and travel restrictions, fear and stigma, repurposing of facilities
- Vulnerable populations hit the worst, their access to essential health services further limited.

Building Resilient Health Systems

Universal Health Coverage and Health Security go hand in hand

“A health system that is able to absorb shocks and sustain the gains”



It triggers health System responses to minimize the impact of crises



It protects Human life and produces good health outcomes for all during the crises and in the aftermath



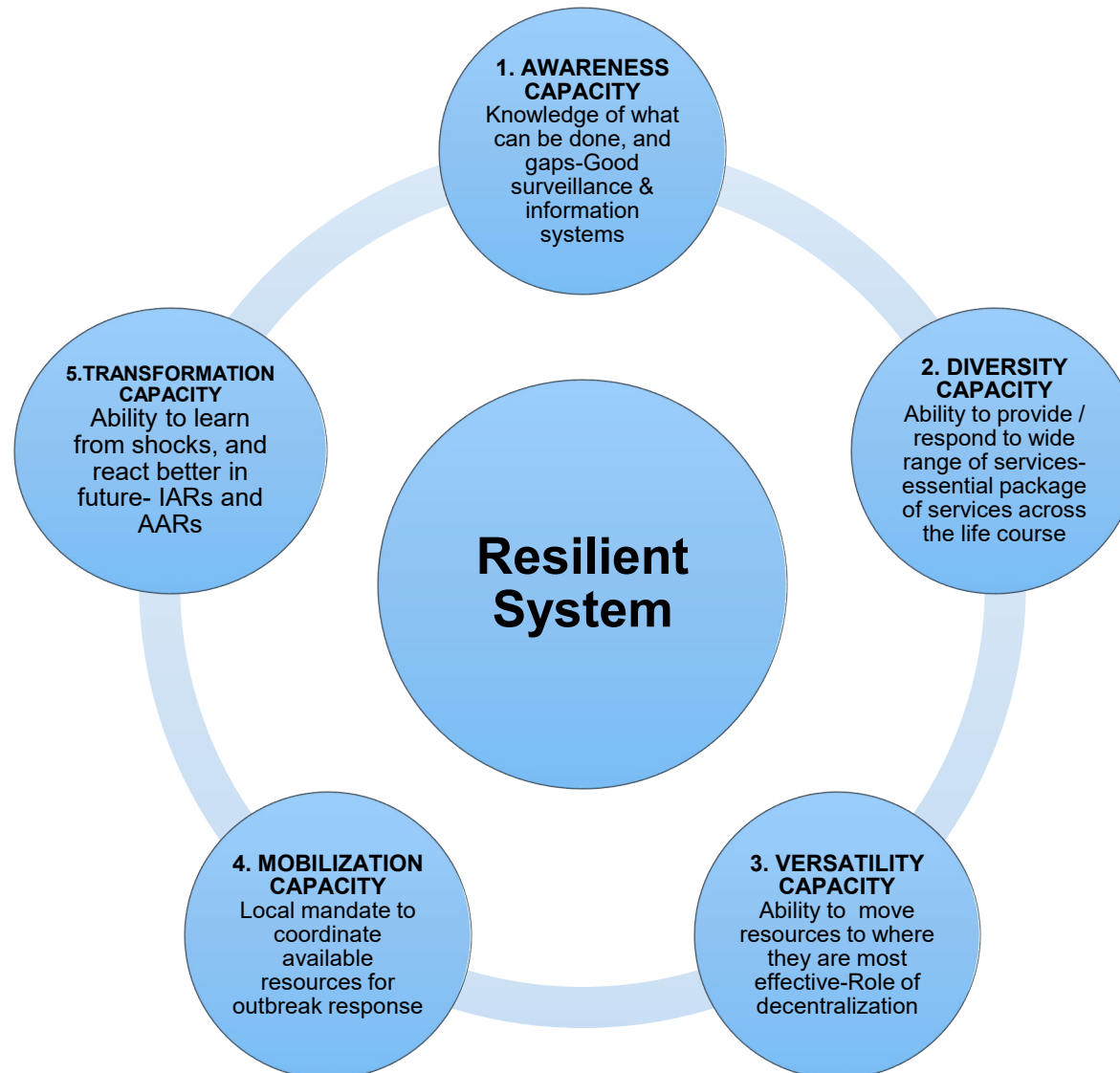
It retains effective performance during and after crises



It has capacity to adapt and ensure continued service provision



Vital Signs of systems resilience



- Countries need good capacity in all these vital signs to build system resilience
- Countries are strong in some vital signs, and weak in others
 - **Diversity capacity** generally is strong (facilities provide wide range of services)
 - **Versatility capacity** is weak in highly centralized systems
 - **Awareness and transformation capacities** are generally weak, but can easily be strengthened

WHO Efforts in Continuity of Essential Health Services in the Region (and globally)



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- Multiple Guidelines published at Global and regional level for supporting member states in maintaining essential health services
- The AFR Regional office COVID 19 Task force, restructures with inclusion of all programs for continuity of equitable service delivery aligned with SDGs targets
- CES Pillar established in the COVID-19 IMST at AFRO; Standard guidelines developed and disseminated; regular meetings with country focal points for review of progress
- Monitoring indicators for CES part of the AFRO COVID-19 M & E framework
- Task force for COVID 19 vaccine planning, deployment at country level being coordinated

Pulse survey on continuity of essential health services during the COVID-19 pandemic
Interim report 27 August 2020

Guiding principles for immunization activities during the COVID-19 pandemic
Interim guidance 26 March 2020

Considerations for the provision of essential oral health services in the context of COVID-19
Interim guidance 3 August 2020

COVID-19 Strategic Preparedness and Response Plan OPERATIONAL PLANNING GUIDELINES TO SUPPORT COUNTRY PREPAREDNESS AND RESPONSE
Draft as of 12 February 2020

Maintaining essential health services: operational guidance for the COVID-19 context
Interim guidance 1 June 2020

What can countries do

1. COVID-19 remains imminent risk!

- Plan for mitigating risk of surge/resurgence, measures to quickly detect and respond
- Prevention measures, Surveillance and vigilance, Ongoing monitoring and actions

2. Catching-up and maintaining continuity of Essential Health Services

- Need to have focused approach and prioritization
- Rapid assessments to inform the process
- Strong M&E and continued restoration of Essential Services till normal coverage levels achieved



Overarching considerations in maintaining essential health services

- Based on health needs using the Life course approach
- ‘Leave no-one behind’ focus on the most vulnerable
- Prioritize PHC services, but also scale-up 2 & 3 care as needed

Evidence informed Planning



- Reorganize service delivery platforms and refocus workforce
- Mobilize and ensure Adequate medicines, vaccines and medical products needed for CES

Getting HS Ready



- Strengthen IPC measures and capacity provision of PPEs
- Provision of PPEs
- Occupational Health and safety measures including triaging areas
- Explore telemedicine and non contact modes

Improving patient and HW safety



- Remove financial barriers-user charge for services (if any)
- Remove legislative barriers such as presenting IDs and documents

Removing Barriers



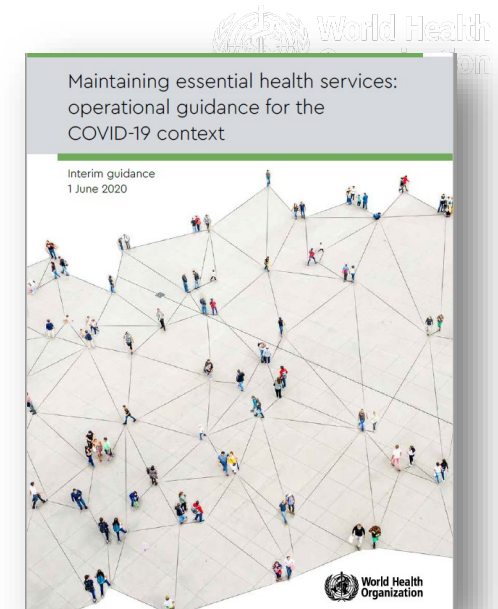
- Focus Risk Communication and Community Engagement- especially to say ‘*Safe to visit health facilities*’ for essential services
- Community mobilization campaigns for HIV, TB, NCDs and other essential services

Engaging Communities



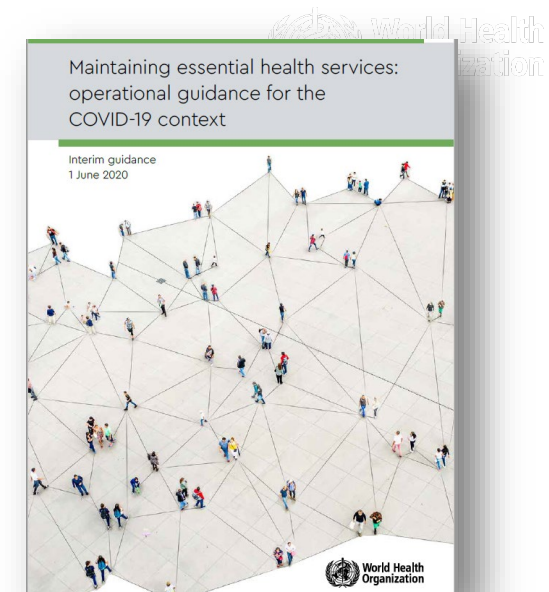
- Adaptive management approaches
- Planning for next wave and maintaining CES
- Longer term investments in building resilient health systems

Building institutional Capacity



Summary messages

- COVID 19 pandemic has strained the economies and health systems leading to disruption of essential health services
- Low access to and utilization of health services has huge impacts in immediate, mid and long terms
- Efforts by countries to mitigate the effects and restoration of essential health services ongoing
- Re-organization of health services, ensuring availability of key commodities and building safety mechanisms in service provision will be central for improving access & utilization of services
- Building the resilient health systems and improving access to services is critical for health security and UHC
- Government stewardship and longer term investments in Health sector are needed 'now more than ever'!





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Thank You