

Country
Worldwide

Topic
How has COVID-19 affected delivery of EHS?
HIFA 3rd Thematic Discussion: What have we learned?

Key Learning Themes

- COVID-19 has caused major disruptions despite relatively low caseload in some countries.
- High workload and fear of infection among health workers have adversely affected their mental health.
- Lack of public trust and exaggerated fear of infection have led to reduced demand for services.
- Digital health has helped but has excluded those who are already disadvantaged.
- Meeting the basic needs of health workers is fundamental to strengthen health services.

Context

WHO and HIFA are collaborating to:

- Promote sharing and learning of experience and expertise around the maintenance of essential health services during and after the pandemic.
- Promote uptake of the WHO guidance (**Maintaining Essential Health Services: Operational Guidance for the COVID-19 Context, June 2020**).

HIFA is a global human-rights-based movement working in collaboration with the World Health Organization to reduce avoidable death and suffering by improving the availability of reliable healthcare information and protecting people from harmful misinformation. It has 20,000 professional members from 180 countries representing frontline health professionals, patients, general public, policymakers, researchers, journal publishers, systematic reviewers, guideline developers, producers of reference and learning materials, journalists, social scientists, library and information professionals.

HIFA members share experience and expertise around how to improve the quality of health care and availability and use of reliable healthcare information on six virtual discussion forums in four languages (English, French, Portuguese and Spanish). From 13 June 2021 to 13 December 2021, there were 107 contributions from 22 HIFA members in 14 countries.

Summary

Looking back over the past 18 months, in what ways has COVID-19 affected your work? What impact has COVID-19 had on your organization or your health facility? How have things changed over time and where are you now?

Contributors noted major disruptions despite relatively low caseload in some countries particularly for reproductive health and childbirth; child health, immunisation; cancer prevention and treatment; surgery; and mental health services. They highlighted also the impact of the pandemic on the mental health of health workers; access to essential healthcare information; and partnerships.

“Hospitals were under alert. Health providers were under pressure, fear (death and contamination) and stress” (Mental Health Practitioner, Cameroon)

The editors suggest the following areas for further exploration: how to strengthen the resilience of LMICs to prepare for higher caseloads; how to increase trust and reduce fear of hospitals and health professionals; and how to better support health workers.

How have you responded to these challenges? What worked well and not so well?

Contributors suggested task sharing; public health communication; improved coordination of services; teleconsultation and mobile health as effective responses to the pandemic.

“There are many mobile applications cropped up during the pandemic providing doctor patient consultation. But availability is for those who have a smartphone with internet connectivity” (Public Health Professional, India)

The editors suggest the following areas for further exploration: how to better communicate key information on COVID-19 to the general public; and how to increase public access to mobile phones and internet.

A health service is only as good as the people who work within it. Health workers have been under extra ordinary pressures for several months on end. What have we learned and how can we better support health workers going forward?

Contributors highlighted that meeting the basic needs of health workers is fundamental to strengthen health services, especially when they are under intense and prolonged stress.

This question needs additional inputs. The editors suggest the following areas for further exploration: practical ways and guidance on how to meet the basic needs of health workers; how to prevent and better manage mental health issues among health workers.

We have noted there is not only disruption to the delivery of services but also in demand for services, associated with exaggerated fears of contagion from health facilities. How have attitudes changed in your experience/ country?

Contributors noted rise in fear of visiting health facilities by general population; escalating prices for consumers to prevent and treat COVID-19; and lack of trust in modern medicine.

“Misinformation is making a lot of people to lose trust in the modern medicine and turn more to traditional remedies... some people accepted that there is covid-19 but still saying that the health facilities are “killing” the cases... families are “preaching” hospital is dangerous [and] take their own children to the health facilities only when already critical” (Public health professional, Cameroon)

The editors suggest the following areas for further exploration: practical ways to build trust in modern medicine and health services; practical ways to help the public make better decisions about seeking care.

Further Reading

The full text of the discussion is available **here** with a structured, edited version **here** including profiles of contributors and references cited during the discussion.