

Title

How has COVID-19 affected the delivery of essential health services in your health facility or country? Findings from a HIFA (Healthcare Information For All) Thematic Discussion

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Key Learning Themes

- “Every facet of the continuum of the health system is affected, from promotive to preventive, curative, rehabilitative and continuity of care.” (Public Health Professional, Nigeria)
- COVID-19 has had a profound impact on the delivery of essential health services worldwide. This includes disruption to maternal and child health services, elective surgery and immunization coverage. Undue fear of contagion has led people to avoid health services. Deaths and illness of health workers have further eroded care. The importance of community health workers is noted, especially to maintain services for vulnerable people. Examples of adaptation are provided, such as door-to-door campaigns to maintain immunization coverage.

Context

WHO and HIFA are collaborating to:

- (a) promote sharing and learning of experience and expertise around the maintenance of essential health services during and after the pandemic
- (b) 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 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 30 October to 18 December 2020, there were 142 messages on the topic of maintaining essential health services during COVID-19, from 29 contributors in 14 countries (Bangladesh, Croatia, Honduras, India, Jordan, Kenya, Nigeria, Norway, South Africa, Switzerland, Timor-Leste, Uganda, UK and USA).

How has COVID-19 affected the delivery of essential health services in your health facility or country?

Contributors worldwide noted that COVID-19 has had a profound impact on health services, especially elective surgery, family planning, tuberculosis, immunization, outpatient visits, and supply chains, and had increased home birth without skilled birth attendants.

"In South Africa, a sad thing was that children who tested positive for COVID-19 and were due to have surgery, were sent back to their referring hospital. These are children coming as far as from Eastern Cape province, North West province and Swaziland. They had travelled all this way to have their surgery done and they had to go back without the surgery." (Child Nurse Specialist, South Africa)

What has been the impact of health service disruptions on the health and wellbeing of people in your health facility or country?

Contributors noted widespread fear of contagion among users of health services, contributing to service disruption. This was compounded in some countries by prolonged periods of unemployment and deepening poverty, leading to increased mental health issues and gender based violence, acute food insecurity, malnutrition and high child mortality.

What have you, your health facility or country done to maintain essential health services?

Contributors noted local efforts by NGOs to provide services (Cameroon); call for government support for NGOs (Nigeria); co-operative efforts undertaken by public & private organizations (Nigeria); and increased use of telemedicine.

"Swasti's Invest for Wellness (i4We) primary healthcare model in India has been providing 'tele-care' - health, counselling and social protection schemes delivered via phone. This includes symptomatic COVID-19 surveillance, testing and follow-up care, but also extends to counselling and responding to gender-based violence. Within two months, i4We programmes clocked more than 30,000 calls from nine sites alone." (Communications Manager, UK)

Which groups are especially vulnerable to health service disruptions? How can we ensure they are protected at this time?

Contributors proposed increased support for CHWs, who are the leading healthcare providers for vulnerable groups; mobile palliative care teams; government policies that are more responsive to the needs of vulnerable groups, who are disproportionately affected by the pandemic and by lockdowns; door-to-door campaigns to identify and vaccinate unprotected children.

"Following its first confirmed case in March 2020, childhood immunisation coverage dropped by 30% the next month in April. By over-compensating on the supply side (expanded door-to-door campaigns to identify and vaccinate unprotected children), Timor-Leste has been able to achieve similar coverage by July 2020 as compared with July 2019." (Health Policy Advisor, Timor Leste)

Further Reading

The full text of the discussion is available [here](#), with highlights [here](#), including a list of more than 40 references cited during the discussion.

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