

Title

Maintaining essential health services during the COVID-19 pandemic:
Perspectives from the WHO Western Pacific Region

Key Learning Themes

- Adapting global guidance on essential health services to the national and local context was key to mitigating the disruption to health services from COVID-19. This included interventions targeted at vulnerable groups, enhanced community engagement and developing specific and separate care pathways for COVID-19 patients.
- Governance and leadership were key to the successful continuation of services.
- Robust health information systems are required to effectively track and monitor service disruption at the national and sub-national level.
- Digital health platforms, such as rolling out telemedicine consultations played a key role in ensuring service provision in many countries. However, the policy and regulatory environment often lagged behind the real world adoption of this delivery platforms during the pandemic.

Overview

In September 2021, the WHO Western Pacific Regional Office, in collaboration with the WHO Health Services Learning Hub, held a webinar session for WHO country focal points on how the COVID-19 pandemic has disrupted essential health services in different contexts across the Region.

This session also brought together different perspectives on innovative approaches to mitigate disruptions, as well as highlighted challenges and lessons learned in countries. In addition, participants discussed the role of the WHO operational guidance on maintaining EHS during an outbreak.

The Pacific

“It is not enough to have guidance; it is all about how we use it.” Dr Akeem Ali, WHO coordinator of the Health Systems Unit in the Pacific, highlighted wide ranging efforts undertaken to mitigate the impact from COVID-19 on health services.

He stressed the importance of the Coronavirus disease (COVID-19) technical guidance: Maintaining essential health services and systems, which was tailored to the local context across the Region, in providing a framework to guide policy decisions. In addition, there was a focus on addressing the impact of service disruption on vulnerable groups, such as pregnant women and children. Services such as those for maternal and child health were reorganised through triaging and telemedicine.

Additional interventions

- Establishment of a multi-agency technical cell to support essential health service delivery.
- Development of specific guidance documents tailored to the local context (i.e. essential health services preparedness checklist).
- The use of digital health models for service delivery, including a virtual care service for patients in Fiji.
- Working with the private sector to maintain primary care delivery. For example, Fiji remunerated private general practitioners to offer services to the public.
- Partnerships with other UN agencies for expertise and material support including UNICEF.

Key lessons

- Routine data collection is critical for planning and service continuation.
 - Responsive and pragmatic technical support that is tailored to the local context is key to success.
 - Community engagement and risk communication are essential to manage expectations and healthcare demand.
 - An integrated focus on legislative, governance and technical factors was critical for successful digital and telehealth deployment.
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Malaysia

In keeping with the experience in the Pacific, Taketo Tanaka, technical officer at WHO Malaysia highlighted the important role of digital health technologies, specifically digital health and telemedicine, in maintaining services in Malaysia during the COVID-19 pandemic. This included the emergence of multiple digital platforms and providers that delivered an array of services across primary and secondary care settings.

Key concerns about the lack of policy guidance and regulation of digital technologies during the pandemic were discussed, including the absence of a comprehensive legal framework that could keep pace with the quick roll out of digital models of care.

To address this issue, the following actions were undertaken:

- Malaysia revised and refreshed the 1997 Telemedicine Act to ensure a strengthened regulatory environment for digital and telehealth platforms.
- The Malaysian Medical Council developed guidance to advise physicians on how to perform virtual consultations with patients.

Public-private sector cooperation during the pandemic was also a key feature of Malaysia's strategy in maintaining service continuity. The country leveraged the private sector to increase healthcare capacity to ensure the delivery of non-COVID-19 services in primary and secondary care so that the public sector could focus on health services related to COVID-19.

Key challenges

- Insufficient public funding hampered the purchasing of private health care services.
 - Timeliness of collecting and reporting data to track the provision of essential health services was negatively affected by pandemic-associated restrictions.
 - Governance limitations, including a lack of clarity on roles and responsibilities related to essential health services amongst national bodies and technical partners.
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Viet Nam

Since Viet Nam was in the process of undertaking wide ranging health system reforms when the COVID-19 pandemic first began the country quickly adapted to the disruption caused by coronavirus.

In a similar manner to Malaysia, Viet Nam implemented a new service delivery model that created separate care pathways in secondary care for COVID-19 and non-COVID-19 patients. This decision helped to maintain essential health services and mitigate the direct impact of the pandemic.

The country also developed a legal framework for digital health and telemedicine which facilitated continuity of care and created essential regulatory safeguards for patients and clinicians.

Additionally, ongoing health reforms helped to strengthen community level engagement in the delivery of health services that best matched local contexts.

Representatives from WHO Cambodia highlighted two priority health service interventions to mitigate the disruption from COVID-19:

1. Mental Health and Psychosocial Support Service (MHPSS)

The MHPSS is a system wide approach to address the holistic needs of the local community with a particular focus on vulnerable groups that have traditionally had limited access to health services. The MHPSS model includes working with local Village Health Support Groups, health centres, referral hospitals, rehabilitation centres and prison health staff in order to address both the physical and mental health needs of the community.

The MPHSS programme was delivered in partnership with the UN COVID-19 Response and Recovery Multi-Partner Trust Fund, comprising of WHO, the International Organization for Migration (IOM), United Nations Population Fund (UNFPA) and UNICEF. This highlighted the importance of agile and interdisciplinary collaboration across the UN system.

2. Routine immunization services

- Development of interim guidance for the National Immunization Program to safely continue routine immunization activities and a risk management plan on how to respond to the measles outbreak during the COVID-19 pandemic (May 2020).

Community outreach teams conducted catch-up vaccinations to reach children, including those from vulnerable populations and hard to reach settings.

Key lessons and challenges

- A 'whole of government' approach that worked beyond the health sector and with a diverse set of stakeholders was key to the delivery of the MHPSS.
- Leadership at the national level was key to the development of localized and tailored guidance on the maintenance of essential health services when needed.
- More robust health information systems are needed to track essential health service disruption in a timely and actionable manner.
- Additional work could be done to understand how public-private partnerships can be leveraged more for the delivery of services in Cambodia.