

COVID-19: IMPACT ON ESSENTIAL HEALTH SERVICES



GFF approach to monitoring essential health services

in collaboration with World Bank Development Research Group (DECRG)



A

Leverage in-country HMIS data reported by health facilities to determine the magnitude of change in utilization levels since first cases of COVID-19 were detected



B

Implement rapid phone facility assessments through frequent phone calls to a representative sample of facilities to gain more timely data and accurate data, and provide additional qualitative context on supply side challenges and disruptions



C

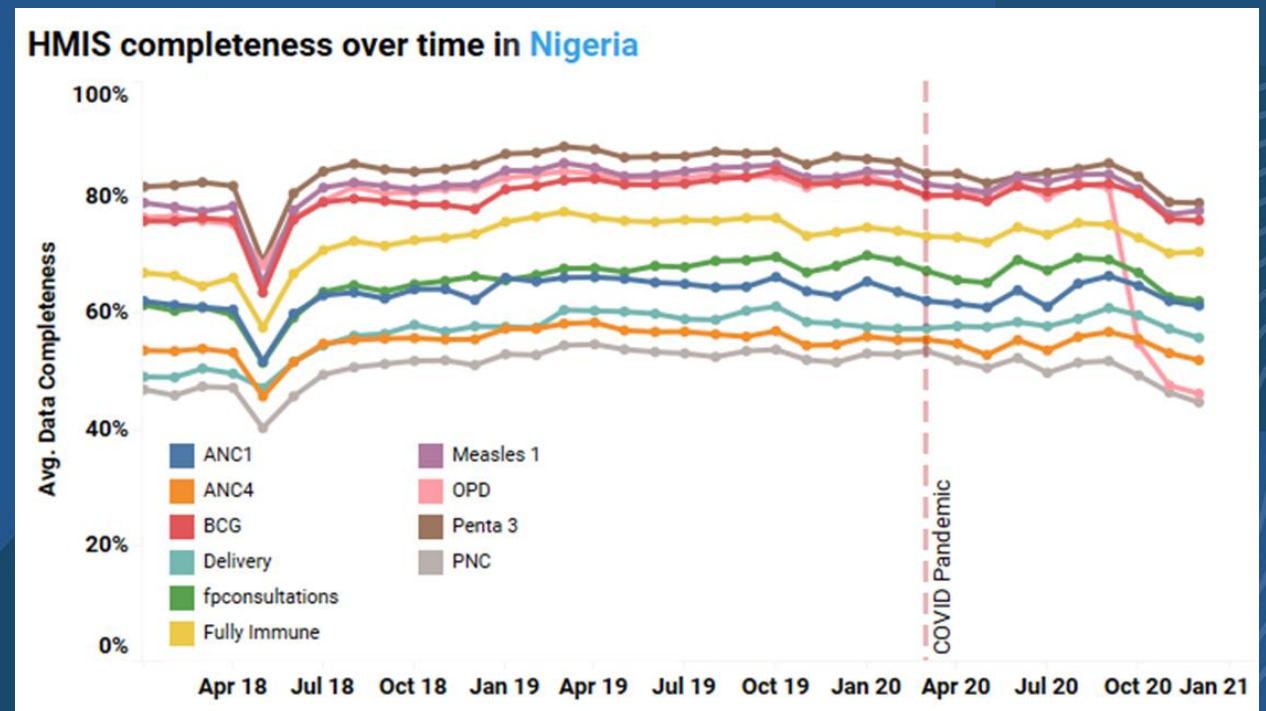
Triangulate with supplementary data linking to GFF supported RM/ET exercise as well as demand-side surveys lead by **Poverty and Equity Global Practice of the World Bank** and other complementary efforts in country



D

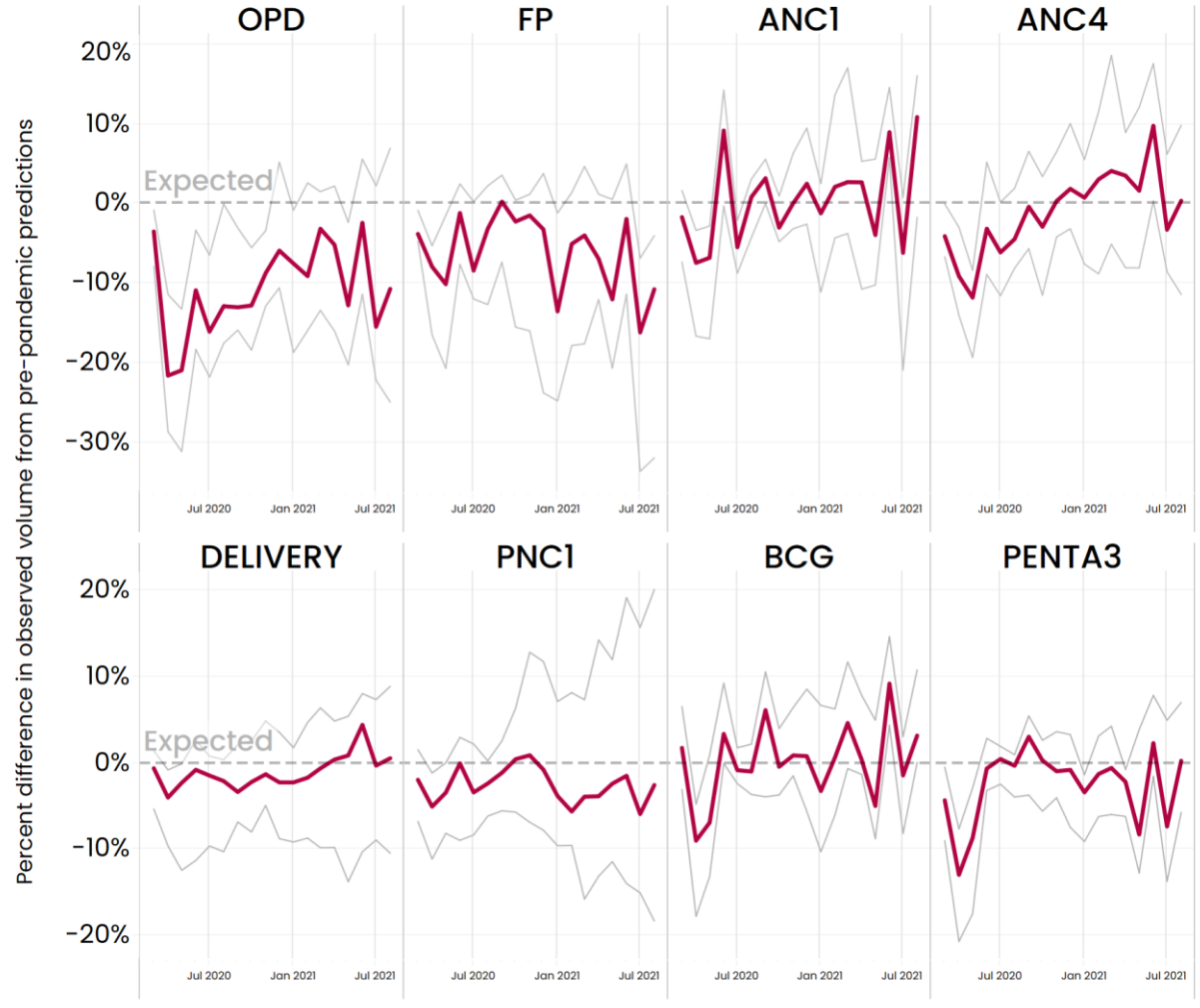
Promote discussion, learning and action at country level and contribute to global knowledge by developing a multi-country analysis of service disruption and share best practices at mitigating disruptions to improve future resilience to crises

1. Use of administrative data (HMIS) to assess the pandemic's impact on service utilization by comparing reported volumes to volumes predicted based on pre-pandemic trends



Data reaffirms significant service delivery disruptions in GFF countries

Median disruption in EHS services during COVID-19




- The **patterns of disruption differed** between countries, health services, and over time.
- **Disruptions are ongoing in many countries.** Half of 14 countries with August 2021 data reported a lower outpatient volume compared to pre-pandemic expectations.
- There is a relationship between the magnitude of service disruptions and the stringency of mobility restrictions.

Disruptions in service delivery are likely to cause an increase in neonatal, child, and maternal mortality

- We predict that the excess mortality caused by reductions in essential health services utilization will result in increases of 3.8% in under-5 mortality, 2.6% in neonatal mortality, and 1.4% in maternal mortality
 - Projections are generated with the Lives Saved Tool
 - The analysis is based on data from 18 GFF countries
- The predicted excess mortality is smaller than initial projection based on fully hypothetical scenarios. However, the number of projected deaths is higher than the officially reported number of COVID-19-related deaths by the same countries.
- The projected indirect mortality does not account for other effects such as malnutrition due to income shocks, which might also increase mortality among vulnerable groups.

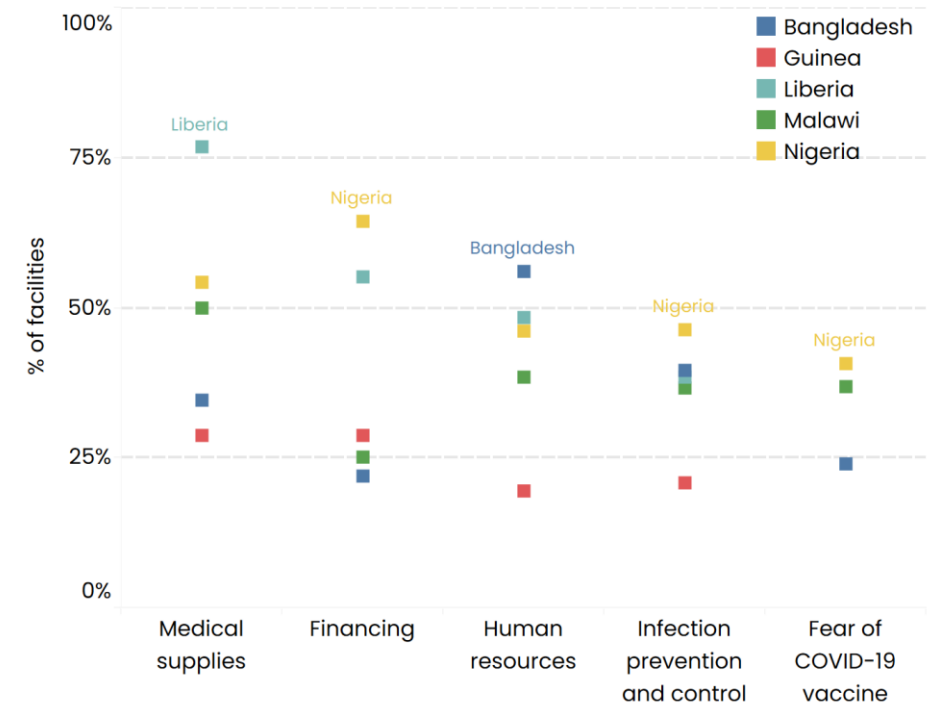
2. Repeated phone surveys with health facilities to capture the experiences of frontline workers and to triangulate the DHIS2 findings.



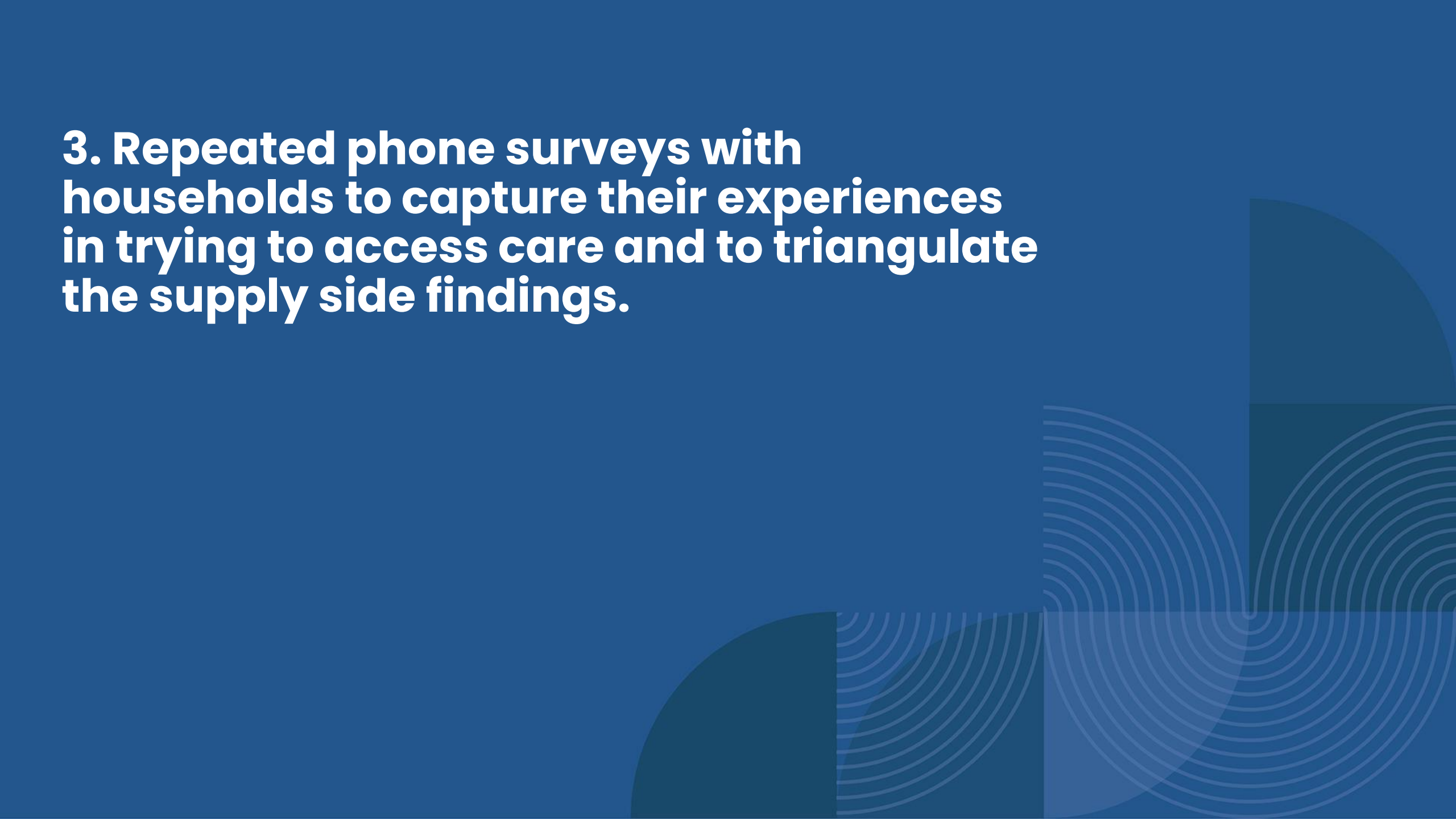
Facility phone surveys reveal alarming vulnerabilities and system weaknesses

- Over a year since the beginning of the pandemic, a third of facilities report major challenges in delivering essential health services
 - 40% of facilities in Nigeria reported financing challenges
 - 53% of facilities in Liberia report lack of supplies
 - 49% of urban facilities in Guatemala reported human resources constraints
- There are major gaps in personal protective equipment (PPE) availability
 - For example, only 20% of the facilities in Bangladesh report having any respirator masks
- Countries adopted different approaches to adapt service delivery during COVID-19, beyond prioritizing high-risk patients and combining multi-morbidities care in a single visit
 - 90% of facilities in Guatemala increased community-based activities
 - 62% of facilities in Malawi extended prescriptions for longer-term use

Percent of facilities reporting barriers in service delivery due to:



3. Repeated phone surveys with households to capture their experiences in trying to access care and to triangulate the supply side findings.



Rapid household surveys have identified significant barriers to accessing care

- On average across all countries, 19% of households reported not being able to access health care when needed
- 38% percent of households reported financial barriers as the main reason for not accessing health care
- 21% of HH reported fear of covid or lockdowns
- 19% reported supply-side barriers, such as lack of medical personnel or limited facility operations
- Households in low-income countries were more likely to report financial barriers (62%) and less likely to report COVID-related barriers (6%)
- Emerging evidence shows that female headed households disproportionately experienced foregone care in some contexts (data in process of being synthesized)

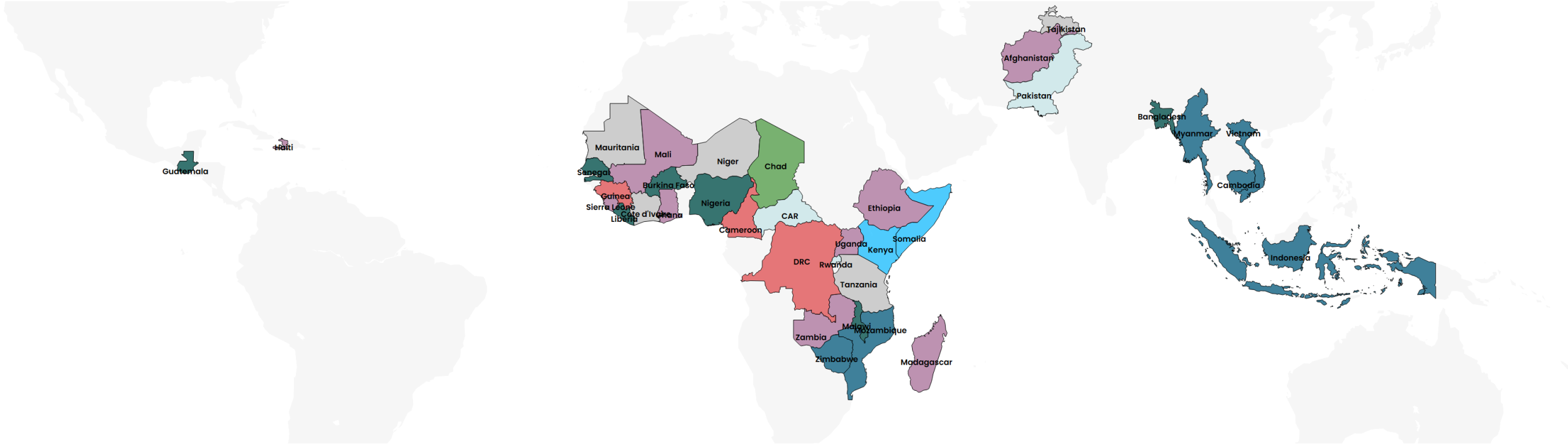
Monitoring of Essential Health Services in times of COVID-19



Monitoring ongoing in 21 GFF partner countries

43 months of data from 140,000+ health facilities

Rapid cycle HF surveys in 11 countries, completed 23 rounds in 7 countries



Bangladesh HH/HF Survey + HMIS monitoring
Burkina Faso HH/HF Survey + HMIS monitoring
Guatemala HH/HF Survey + HMIS monitoring
Liberia HH/HF Survey + HMIS monitoring
Malawi HH/HF Survey + HMIS monitoring
Nigeria HH/HF Survey + HMIS monitoring
Senegal HH/HF Survey + HMIS monitoring

Cameroon HF Survey + HMIS monitoring
DRC HF Survey + HMIS monitoring
Guinea HF Survey + HMIS monitoring
Afghanistan HH Survey + HMIS monitoring
Ethiopia HH Survey + HMIS monitoring
Ghana HH Survey + HMIS monitoring
Haiti HH Survey + HMIS monitoring
Madagascar HH Survey + HMIS monitoring
Mali HH Survey + HMIS monitoring
Sierra Leone HH Survey + HMIS monitoring
Uganda HH Survey + HMIS monitoring
Zambia HH Survey + HMIS monitoring

Cambodia HH Survey
Indonesia HH Survey
Mozambique HH Survey
Myanmar HH Survey
Vietnam HH Survey
Zimbabwe HH Survey
Kenya HMIS monitoring
Somalia HMIS monitoring

CAR Engaged
Pakistan Engaged
Rwanda Engaged
Cote d'Ivoire Not included
Mauritania Not included
Niger Not included
Tajikistan Not included
Tanzania Not included

Using the Monitoring of Essential Health Services (MEHS) data for decision making:

- MEHS data helps countries identify disruptions in delivery of essential services and strengthen country responses
- Triangulating supply and demand side data furthermore helps to improve understanding of levels, trends and determinants of disruptions and much needed system strengthening
- MEHS data is used to inform the design of COVID-19 EHS grants and co-financed projects.
- It enables monitoring of progress at country level and needs for possible corrective action
- MEHS data is also used for advocacy purposes at country level
- GFF commitment to continue supporting MEHS, including mainstreaming gender and equity within the approach, while enhancing capacity strengthening at country level