Maintaining essential health services during COVID-19

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Globally, as of 2:09 pm CET, 25 October 2020, there have been 42,512,186 confirmed cases of COVID-19, including 1,147,301 deaths, reported to WHO.
WHO Guidance

- **March 2020**: Operational guidance for maintaining essential health services during an outbreak
- **May 2020**: Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic
- **June 2020**: Maintaining essential health services: operational guidance for the COVID-19 context
Basic principles and practical recommendations

- **Ensuring timely access to emergency care** services 24 hours per day, 7 days per week.
- **Adjusting governance** and coordination mechanisms to support timely action.
- **Ensuring infection prevention and control** measures to guarantee safe service delivery.
- **Prioritizing essential services** - identifying what can be delayed and what cannot; assessing what can be relocated to areas that are less affected by COVID-19; working out the particular needs of marginalized populations including indigenous peoples, sex workers, migrants and refugees.
- **Reassigning health workers** from areas with low or zero COVID-19 transmission, or from places with excess capacity, to boost the workforce in hard-hit zones so that essential services can be maintained.
- **Maintaining** the availability of essential medications, equipment and supplies by mapping lists of essential services to resource and through weekly reporting from major distribution points, such as hospitals and district stores, on critical products that may be at risk of shortage or other problems.
- **Removing financial barriers to access and fund public health by suspending payments or user fees at the point of care** for essential health services for all patients, regardless of their insurance or citizenship status.
- **Disseminating information in local languages to prepare the public for changes in service delivery platforms** using information sources trusted by the public and ensuring these sources are kept up to date about changes in essential service delivery and about available resources, such as hotlines.
- **Shifting the delivery of some routine services to digital platforms (telemedicine)** and establishing a mechanism for implementing electronic prescriptions (e-prescriptions) among public and private pharmacies and suppliers.
90% of countries report disruptions to essential health services since COVID-19 pandemic

KEY FINDINGS:

Services hit across the board:
- countries on average experienced disruptions in 50% of a set of 25 tracer services;
- the most frequently disrupted areas reported included routine immunization – (70%) and facility-based services (61%), non-communicable diseases diagnosis and treatment (69%), family planning and contraception (68%), treatment for mental health disorders (61%), cancer diagnosis and treatment (55%). Other reported disruptions include: malaria diagnosis and treatment (46%), tuberculosis case detection and treatment (42%) and antiretroviral treatment (32%).

Potentially life-saving emergency services disrupted in almost a quarter of responding countries:
- 24-hour emergency room services (22%); urgent blood transfusions (23%); emergency surgery (19%)

Disruption due to a mix of supply and demand side factors:
- reductions in outpatient care attendance due to lower demand and other factors such as lockdowns and financial difficulties (76%);
- cancellation of elective services – the most commonly reported factor on the supply side (66%).

Adapting service delivery strategies:
- many countries have started to implement some of the WHO recommended strategies to mitigate service disruptions, however, only 14% reported removal of user fees, which WHO recommends to offset potential financial difficulties for patients.
Service disruptions were caused by a mix of supply and demand side factors

- The most commonly reported demand-side cause was reductions in outpatient care attendance due to patients not presenting (77%)
- On the supply-side, the most frequent reported factor was cancellation of elective services (68%)
COVID-19 & UHC

- **Health system challenges during COVID-19**
  - Huge stress posed by the large number of patients with COVID-19
  - Lack of supplies and equipment [PPE and other health products]
  - Burden on health care workers
  - Disruption of essential health services

- **Dilemma:** balance the demands of responding to COVID-19 with strategic planning and coordinated action to maintain quality essential health services

- **Mutually reinforcing work on health systems:** *ACT-A HS-C, SPRP, GHRP and UN Framework for Socio-Economic Response to COVID-19*

- **Contributes to the other simultaneous efforts on health system strengthening and service delivery**

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**UN Framework**

- Protecting People: Social Protection and Basic Services
- Economic Response & Recovery: Protecting Jobs, SMEs and informal workers
- Macroeconomic Response and Multilateral Collaboration
- Social Cohesion and Community Resilience

**Strategic Preparedness and Response Plan (SPRP)**

- Country-level coordination, planning, and monitoring
- Risk communication and community engagement
- Surveillance, rapid response teams, and case investigation
- Points of entry
- National laboratories
- Infection prevention and control
- Case management
- Operational support and logistics

**Global Humanitarian Response Plan (GHRP)**

- Essential Health Services & Systems | Health First: Protecting health services & systems during the crisis

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World Health Organization
COVID-19: Health Services Learning Hub (HLH)

Goal
Drive activated learning to maintain essential health services in context of COVID-19 pandemic – and transform health services for the future.

Architecture

- Country Action Briefs
- Learning Briefs
- Learning Labs
- EHS Help Desk
- Network of Networks
- Knowledge Hub

Operation

- WHO learning architecture
- Network of networks
- Health Services Learning Hub
- HQ Working Group
- Regional Learning Focal Point
  - Country Learning Point
    - With flexible adaptation to questions being posed and answers from experience
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Action Briefs: Online call for submissions

- **Action Briefs** are a key component of the HLH, and capture innovative approaches being taken to respond to the impact of COVID-19 on essential health services. This can include a range of activities to mitigate against the disruption on health services from pandemic. The Action Briefs may be used as a catalyst to generate discussion between participants in the learning labs and/or contribute to the development of learning briefs on broader themes.

- **Word limit**: 500 words

- **Style**: Please focus on action-oriented interventions and practical solutions (including particularly innovative approaches), rather than just outlining policy objectives. As well as highlighting areas of good practice, we encourage authors to be open and honest with any challenges faced so as to inform knowledge sharing and learning. Please ensure the Action Brief is succinct, including using bullet points as needed.

- **Use**: Key themes from the Action Briefs may be used to form a synthesis ‘Learning Brief’ of important learning lessons for other contexts. The Action Briefs may also be used to inform topics of discussion for the ‘Learning Labs’ (communities of practice). WHO may work with select authors to publish individual Action Briefs to the HLH portal.

[Link](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/essential-health-services)
“The best defense against any outbreak is a strong health system. COVID-19 is revealing how fragile many of the world’s health systems and services are, forcing countries to make difficult choices on how to best meet the needs of their people.”

“While we tackle the pandemic, we must not lose focus of other health issues. We must ensure continuity of essential health services”