GLOBAL FINANCING FACILITY

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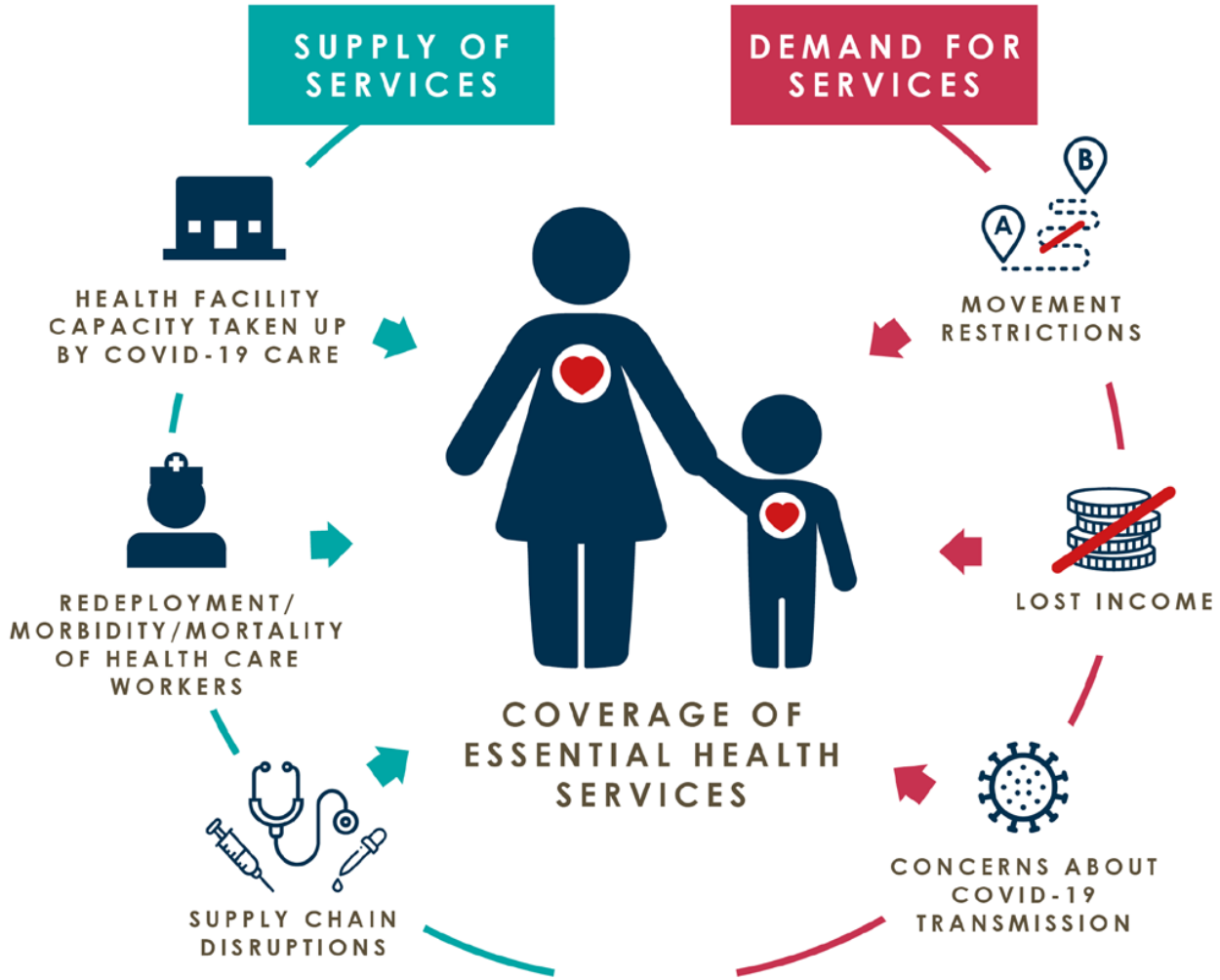
Protecting Essential Services for Women, Children and Adolescents during COVID-19

Health shocks and secondary effects can disrupt delivery of essential health services

- **Experiences from previous epidemics,** like Ebola, indicated that COVID-19 can lead to severe interruptions in the provision of essential health services – both on demand and supply side.
- **Early indications** from pulse surveys with GFF countries that there were disruptions
- Disruptions can **erode hard-fought gains** in RMNCAH+N outcomes and service coverage and cause a **secondary crisis.**



GFF early on raised the alarm of growing risk to widespread disruptions in primary care and the need for action

Press Release

TOPICS

Maternal & Child Health
Nutrition

COUNTRIES

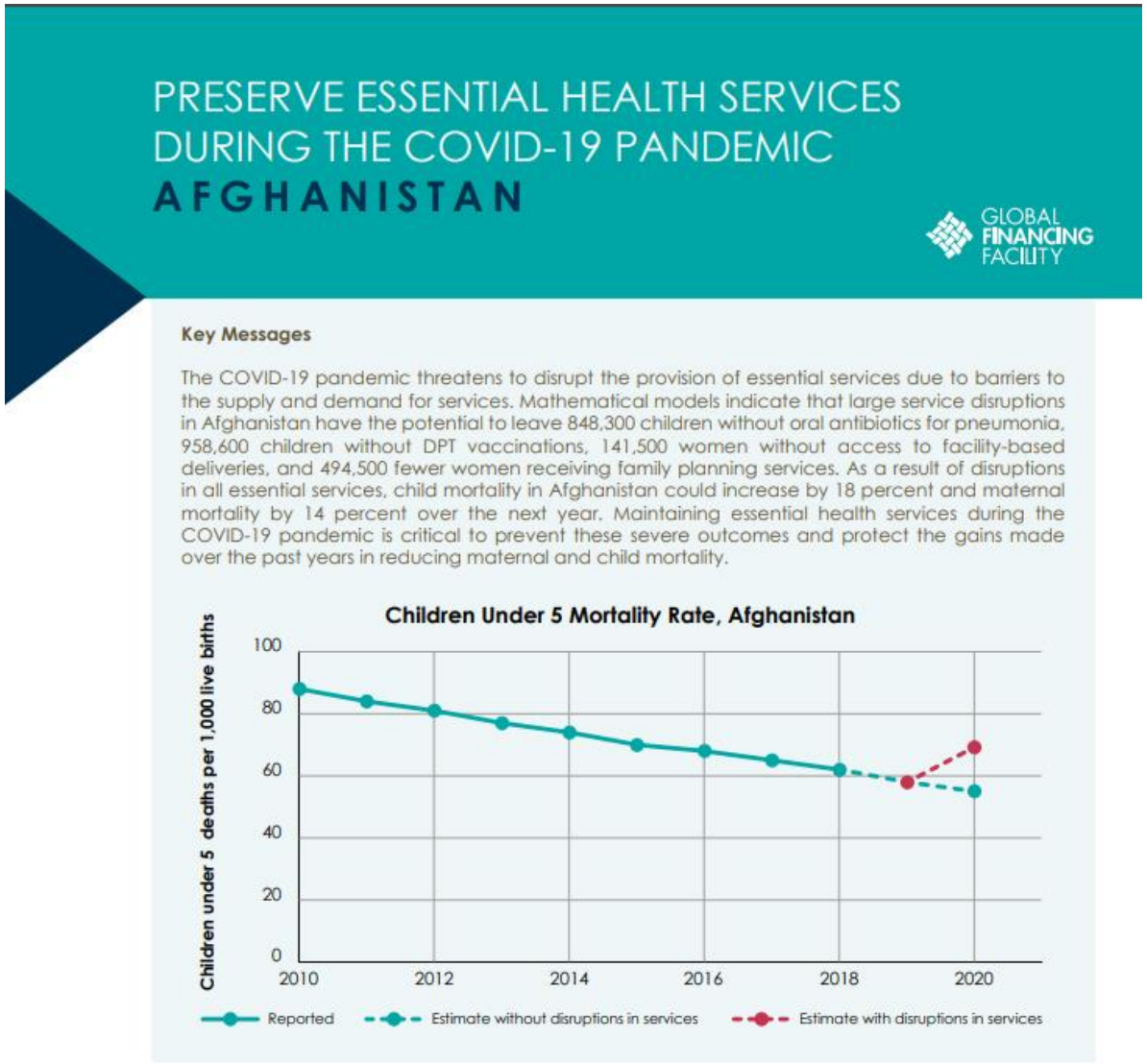
GLOBAL

GFF leaders warn of emerging secondary global health crisis from disruptions in primary health care due to COVID-19

April 23, 2020 | Global Financing Facility Investors Group

As the COVID-19 pandemic escalates in low- and lower-middle income countries, global health and development leaders warned today of the growing risk of widespread disruptions in access to reproductive, maternal, newborn, child and adolescent health and nutrition services, and urged immediate steps to prevent a secondary global health crisis. A rapid survey of the 36 countries currently supported by the GFF found that nearly half are already reporting life-threatening service disruptions.

GFF prepared country briefs with projections of the risk to possible gains made



PRESERVE ESSENTIAL HEALTH SERVICES
DURING THE COVID-19 PANDEMIC
AFGHANISTAN

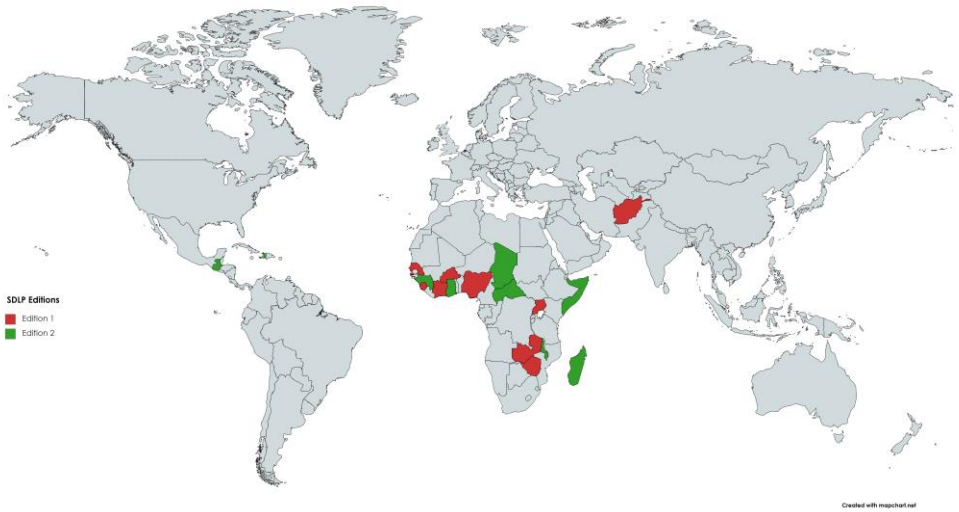
GLOBAL FINANCING FACILITY

Key Messages

The COVID-19 pandemic threatens to disrupt the provision of essential services due to barriers to the supply and demand for services. Mathematical models indicate that large service disruptions in Afghanistan have the potential to leave 848,300 children without oral antibiotics for pneumonia, 958,600 children without DPT vaccinations, 141,500 women without access to facility-based deliveries, and 494,500 fewer women receiving family planning services. As a result of disruptions in all essential services, child mortality in Afghanistan could increase by 18 percent and maternal mortality by 14 percent over the next year. Maintaining essential health services during the COVID-19 pandemic is critical to prevent these severe outcomes and protect the gains made over the past years in reducing maternal and child mortality.

- Mathematical modelling suggested that such disruptions can lead to substantial increases in maternal and child mortality, that could wipe gains achieved over the past years

GFF brought countries together early in the pandemic to share experiences, learn about possible adaptations and support real time peer-to-peer exchange



Service Delivery Learning Program (SDLP) targeted
18 Countries
150+ participants

Government, Financiers, Private Sector, Technical Agencies, CSOs

	SDLP 1	
Afghanistan	Burkina Faso	Côte D'ivoire
Nigeria	Senegal	Sierra Leone
Uganda	Zambia	Zimbabwe

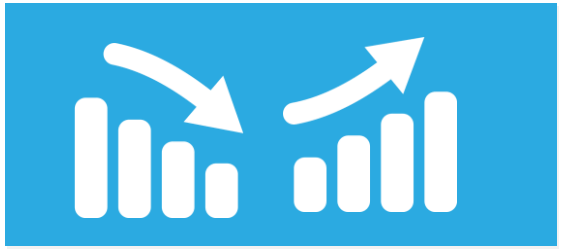
SDLP2		
RCA	Chad	Somalia
Haiti	Guinea	Malawi
Guatemala	Madagascar	Ghana

Evaluation Feedback

"SDL was very informative, exciting and motivating to learn how others are doing what your country is struggling with and the solutions that lie with us and sometimes we do not know." (SDLP participant)

Initial GFF responses to maintain essential services revealed the need for more rigorous, ongoing monitoring and assessment approach to inform country– and donor- decision-making, including prioritization of resources

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 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

Essential health services for women and children in many lower-income countries are being disrupted by COVID-19, using the most extensive quantifiable data available to date

Analysis of data reported by 63,000 health facilities through June 2020 shows*:*

- **Childhood vaccination was the most disrupted service among the countries studied,** with a significant drop in the number of children fully vaccinated in Liberia (35% drop), Nigeria (13%) and Afghanistan (11%). With vaccine programs protecting millions of children from a wide range of common childhood killers – and significantly reducing childhood mortality – these disruptions are deeply concerning.

- **The number of outpatient consultations fell in all countries where this was monitored**. The largest reduction was observed in Liberia, with a 35% drop in consultations for children under five years of age.

- **Many women were at greater risk of complications or death from pregnancy.** The number of women who attended all four recommended medical visits during pregnancy dropped in Liberia (18%), and the initiation of women seeking medical care during pregnancy fell in Nigeria (16%).

- **Early survey results from Nigeria show that 26% of respondents who needed health services said they could not access the services they needed. Of those, a majority – 55% - said they couldn't access because they could not afford to pay**, while a quarter of respondents said this was due to lockdowns and movement restrictions imposed to control the pandemic.

- **Disruptions vary across indicators and countries.** For example, in Nigeria, there was a more than 10% decrease in April and in May a 15% decrease in family planning services, and a 6% decrease in women delivering babies at health facilities. However, there are mixed results across indicators in most countries. For example, in Afghanistan, while there were no significant changes in postnatal consultations as a result of the crisis, there was a 14% drop in outpatient consultations.

See: https://www.globalfinancingfacility.org/new-findings-confirm-global-disruptions-essential-health-services-women-and-children-covid-19

Deep-dive into Nigeria data

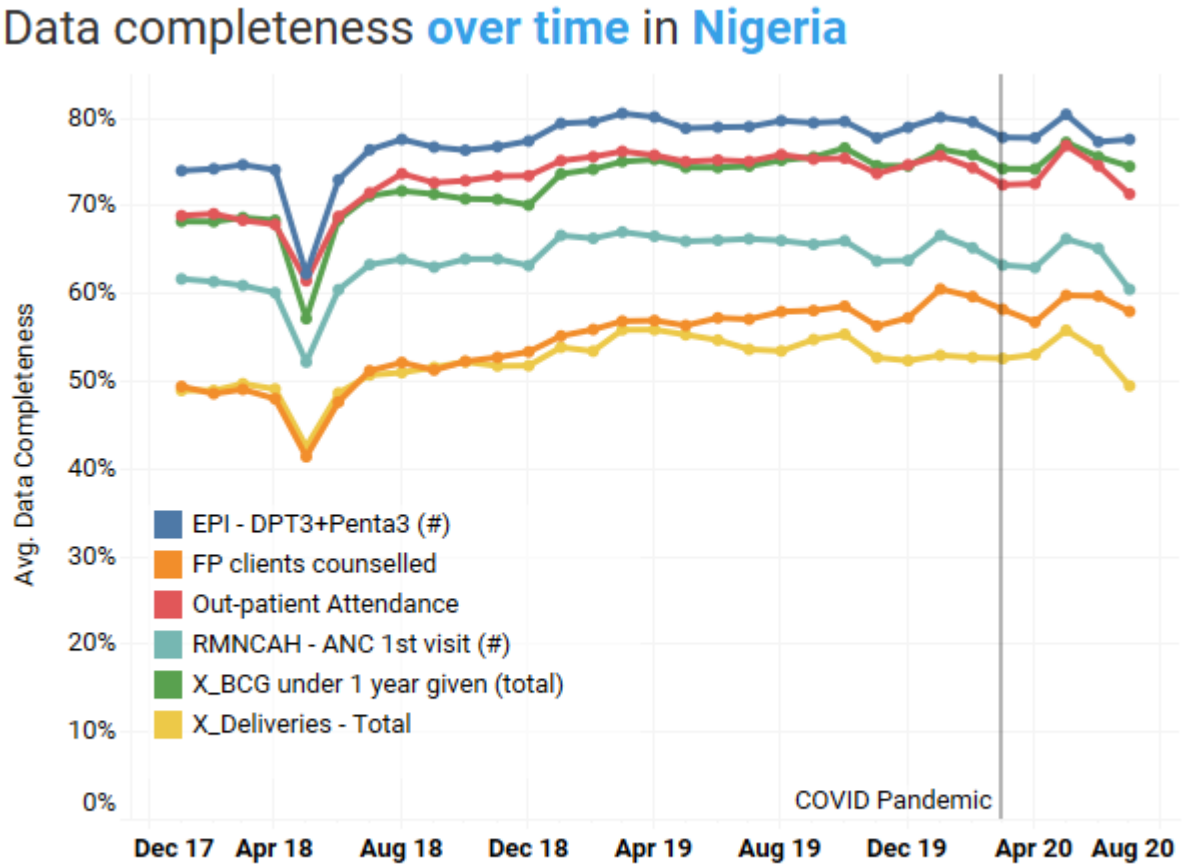
Administrative data is a powerful tool for monitoring disruptions in health services

Controlling for pre-COVID trends, seasonality, and facility type, we estimate that Nigeria **experienced disruptions in essential health services** starting in April. For some indicators these **disruption are ongoing**.

A lower completeness in July may affect findings

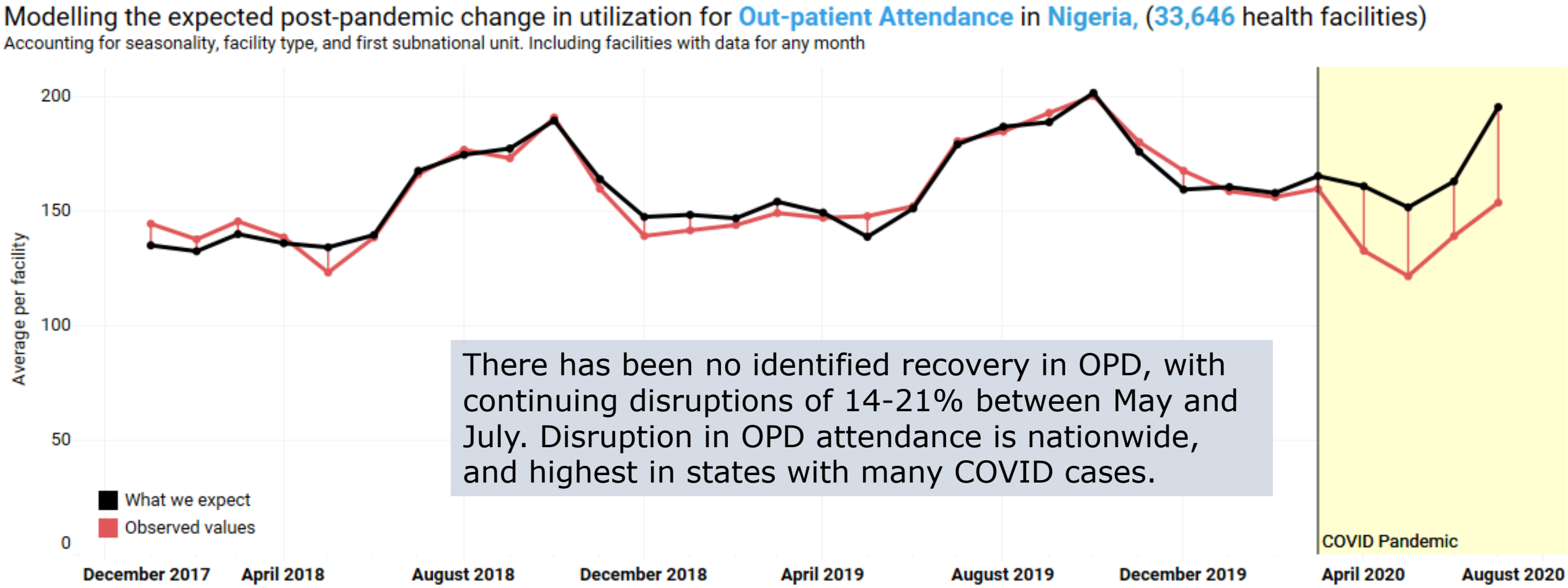
The data is repeatedly downloaded to incorporate delayed reporting and it is important to keep in mind that this may result in changing estimates in future updates.

Phone surveys are an important addition to help provide timely and accurate data and provide additional qualitative context on supply side challenges and disruptions.



A complete report is defined as the report of a non-zero value, or true zero-reporting, from facilities which reported at least once during the analysis period. False zero reports are defined as those whic..

Outpatient consultations fell by 17.5% in April 2020, accounting prior trends and seasonality, with no recovery as of latest update in August



There has been no identified recovery in OPD, with continuing disruptions of 14-21% between May and July. Disruption in OPD attendance is nationwide, and highest in states with many COVID cases.

Levels of service delivery are lower in Nigeria across the RMNCAH+N spectrum

01

FAMILY PLANNING AND ANTENATAL CARE

Family planning (shown) **and antenatal care fell by 10-15% i**n April, May, and July. There was no estimated disruption in June.

02

NUMBER OF DELIVERIES

We find **6-7% decreases in the total number of deliveries** in May through July

03

CHILDHOOD VACCINATION

Vaccination was **disrupted** in April, May, and July for **Penta3 by 8-12%** (shown), and **BCG by 5-6%**

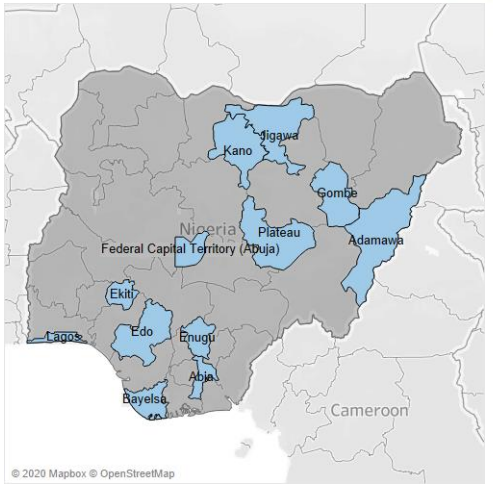
Preliminary results from rapid phone survey

Round 1 data collection is ongoing (218/470 facilities reached)

- Ability to extract substantial amount of data that was not reported into the HMIS (either by facilities that don't regularly report or for months that are not yet uploaded)

43% of facilities are reporting lower than usual levels of service delivery

- Trends in quantitative service levels follow the same general disruption trends identified in the HMIS analysis
- The **most common reason**, stated by facility managers, for change in level of service delivery is stay at home policies (42% of facilities which report a change), and patient fear of contracting COVID (36%)
- Most facilities did **not experience an increase in staff absenteeism**



Highlighted in blue are states represented in the current interim data (n=218).

27% of facilities report a current disruption in medical supply

- 28% of facilities do not have any type of face mask on hand
- 37% of facilities do not have doses of pentavalent vaccine on hand
- 36% of facilities do not have oxytocin on hand

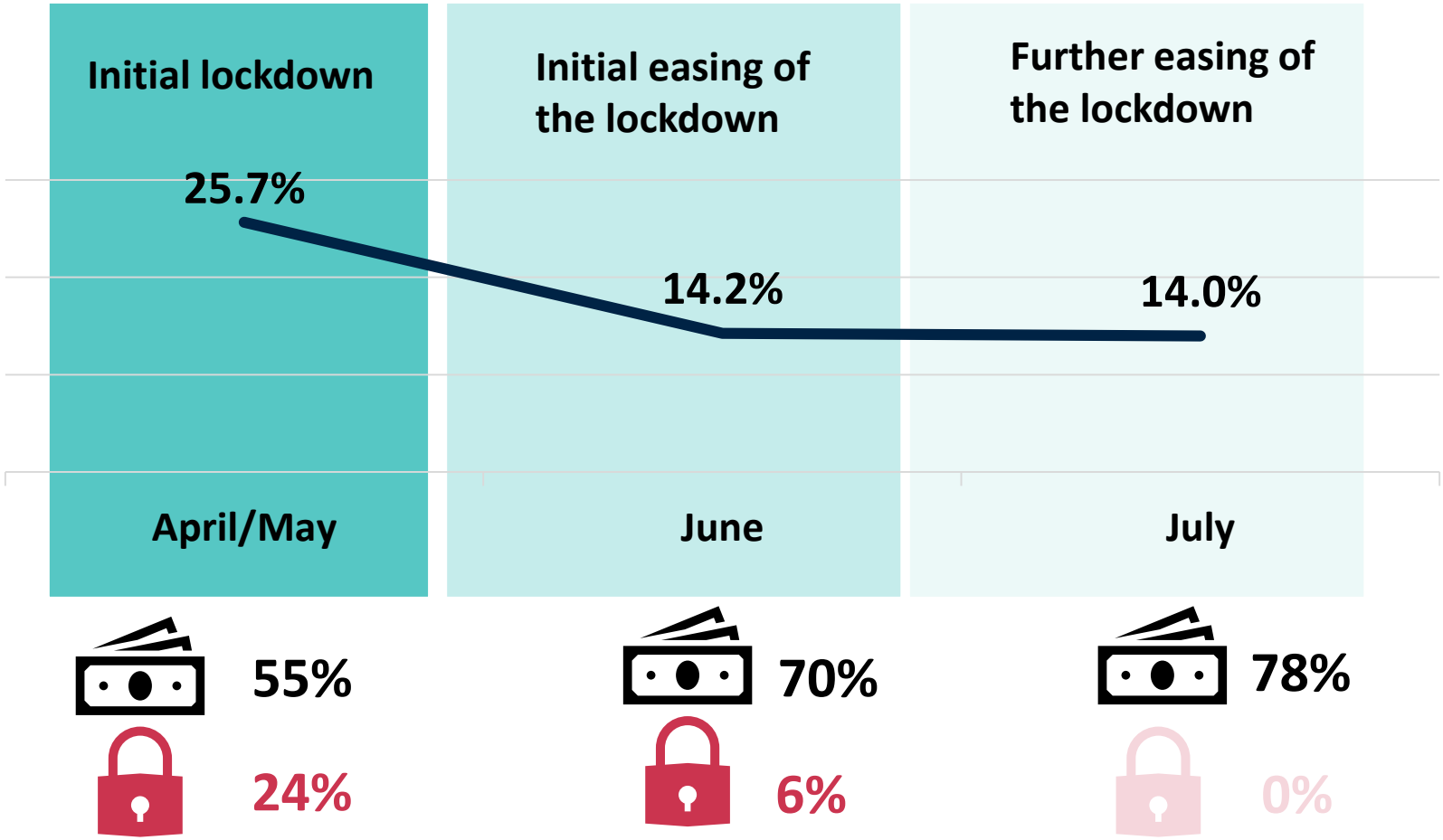
Implementation of infection prevention and control measures remains limited

- 55% of facilities do not have a separated COVID screening area (45%)
- 79% of facilities do not disinfect surfaces between patient consultations
- 69% of facilities do not screen patients using up to date COVID-19 case definitions

Household survey show disruptions caused by the lockdown (early on) and increasingly financial barriers

- **Households needing health services** remains steady at about **35%** between April/May through July
- Among those, **26% could not access in April/May and 14% in June/July.**
- Most reported **due to lack of money – this increased from 55% in April/May, 70% in June, 78% in July.**
- **Lockdowns** was another important reason reported by 24% of those not accessing in April/May, 6% in June and none in July, in line with the gradual easing of the COVID-19 lockdown in Nigeria.

Percentage of households who reported that a household member who needed medical services could not access it.

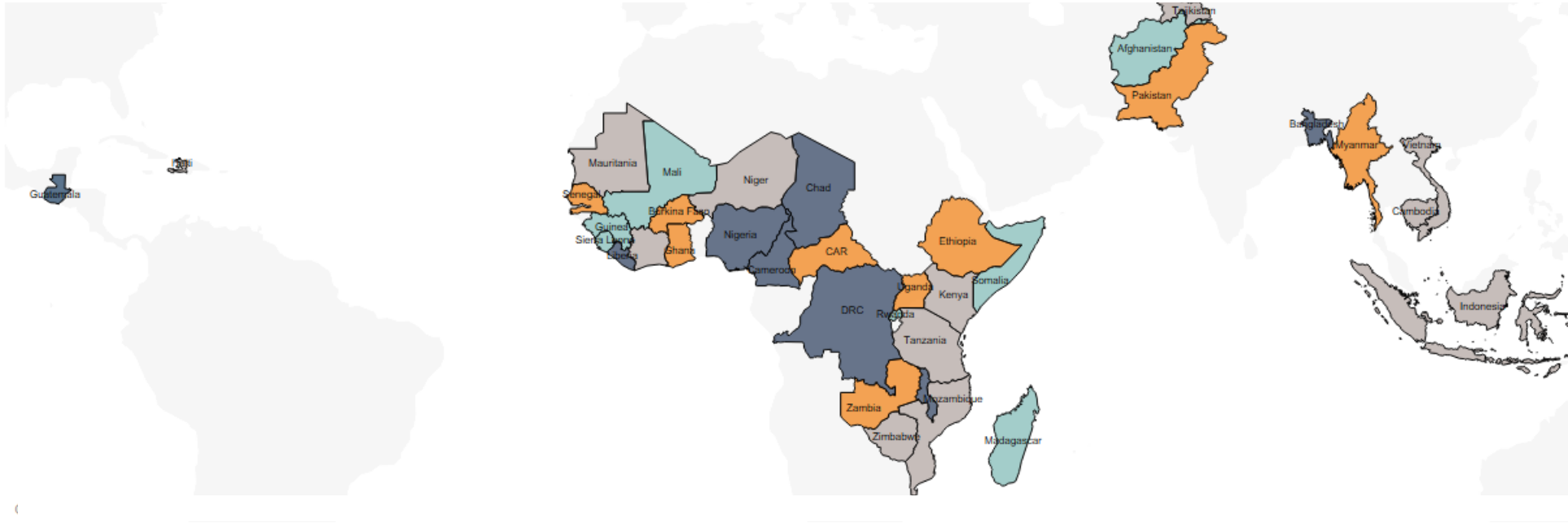


Next steps to continue to monitor and support countries during the Pandemic

Continued support for monitoring in GFF countries

Afghanistan	Ongoing HMIS monitoring
Bangladesh	Ongoing HMIS monitoring, survey planned
Burkina Faso	Engaged, awaiting access
Cambodia	Not included
Cameroon	Ongoing HMIS monitoring, survey planned
CAR	Engaged
Chad	Survey planning underway
Cote d'Ivoire	Not included
DRC	Ongoing HMIS monitoring, survey planned
Ethiopia	Engaged
Ghana	Engaged, awaiting access
Guatemala	Active survey
Guinea	Ongoing HMIS monitoring
Haiti	Not included
Indonesia	Not included
Kenya	Not included
Liberia	Ongoing HMIS monitoring and active survey
Madagascar	Ongoing HMIS monitoring
Malawi	Ongoing HMIS monitoring, survey planned
Mali	Ongoing HMIS monitoring
Mauritania	Not included
Mozambique	Not included
Myanmar	Engaged, awaiting access
Niger	Not included
Nigeria	Ongoing HMIS monitoring and active survey
Pakistan	Engaged, awaiting access
Rwanda	Ongoing HMIS monitoring
Senegal	Engaged, awaiting access
Sierra Leone	Ongoing HMIS monitoring
Somalia	Ongoing HMIS monitoring
Tajikistan	Not included
Tanzania	Not included
Uganda	Engaged, awaiting access
Vietnam	Not included
Zambia	Engaged, awaiting access
Zimbabwe	Not included

- GFF support for monitoring essential RMNCH services focuses on GFF countries, based on country need and interest
  - Engagement with governments (19 countries)
  - HMIS analysis complete in 13 countries, of which 6 countries(Afghanistan, Cameroon, Nigeria, Somalia, Mali and Liberia) Gov approved sharing results with wider audience.
  - Survey active or in planning stages in 8 countries, many others interested
- Complements ongoing efforts by other agencies



GFF has been part of an interagency partnership to help countries conduct resource mapping and expenditure tracking (RMET) for COVID-19

1. **GFF developed a technical brief** in partnership with WHO, OECD, GF, GAVI and the WB because growing demand of TA to support GFF countries on C-19 RMET.

   Objective: *To inform policymakers and DP who are designing and implementing RMET for C-19 responses. At the global level, WHO and OECD are developing the method for mapping C-19 expenditure with the SHA2011 classifications. The C-19 RMET experiences will benefit the methodology development.*

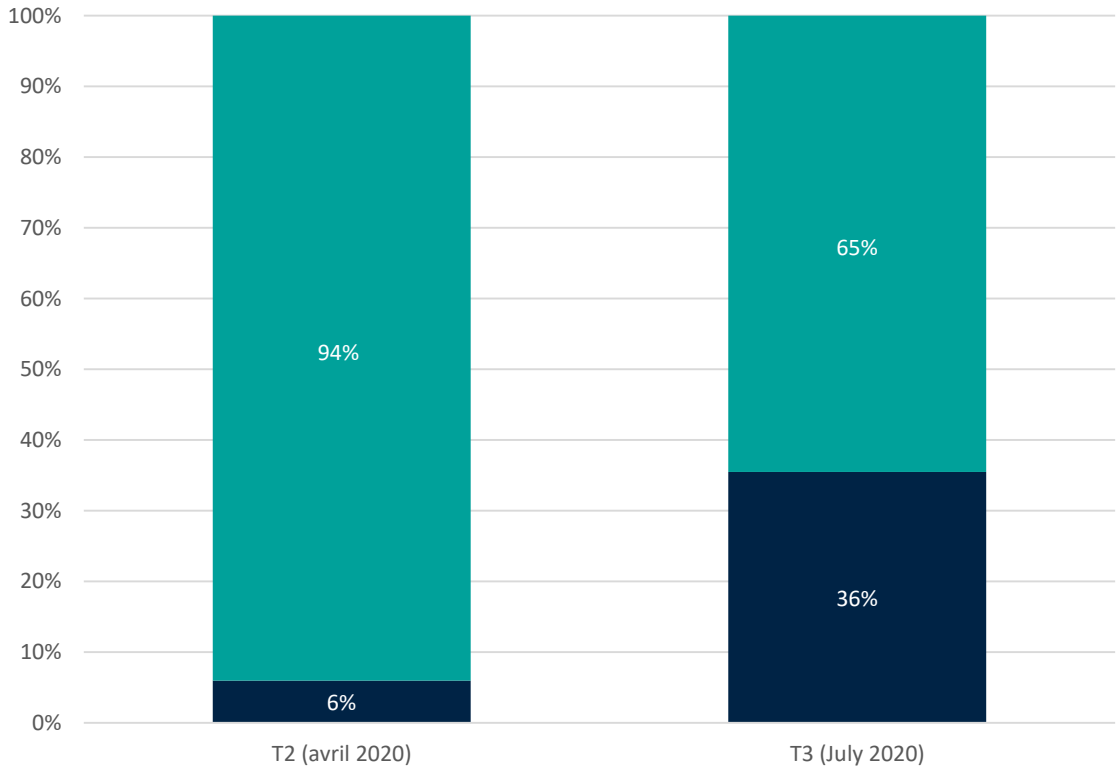
2. **GFF is working with WHO, country governments, and partners to conduct effective RMET for COVID-19**

Primary use cases of RMET for COVID-19:

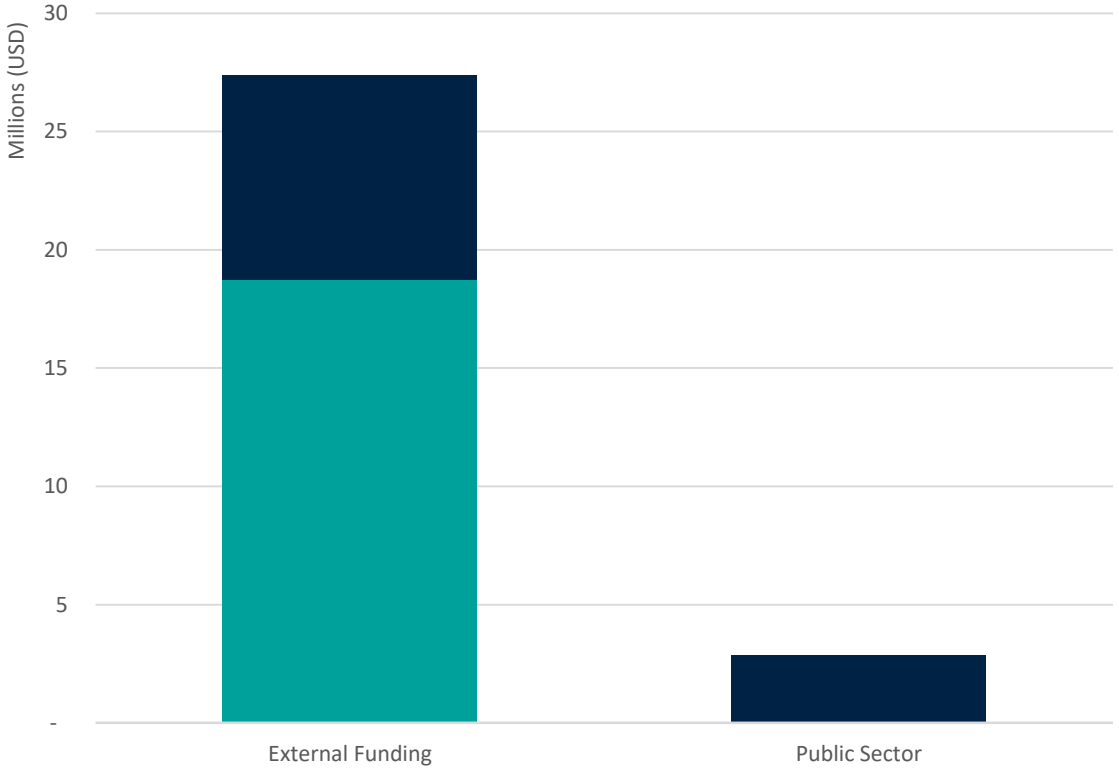
1. **Assess and mitigate impact of COVID-19 on routine/essential service delivery and HSS**
2. **Mobilize resources for key funding gaps**
3. **Improve allocative efficiency of existing/committed resources**
4. **Support implementation monitoring, coordination, and accountability**

GFF helps countries assess whether funding flow leads to de-prioritization of essential health services, as witnessed in DRC and Niger, due to funding going to COVID-19 response

DRC: Total funding of C-19 Response by source (reprogramming vs new)



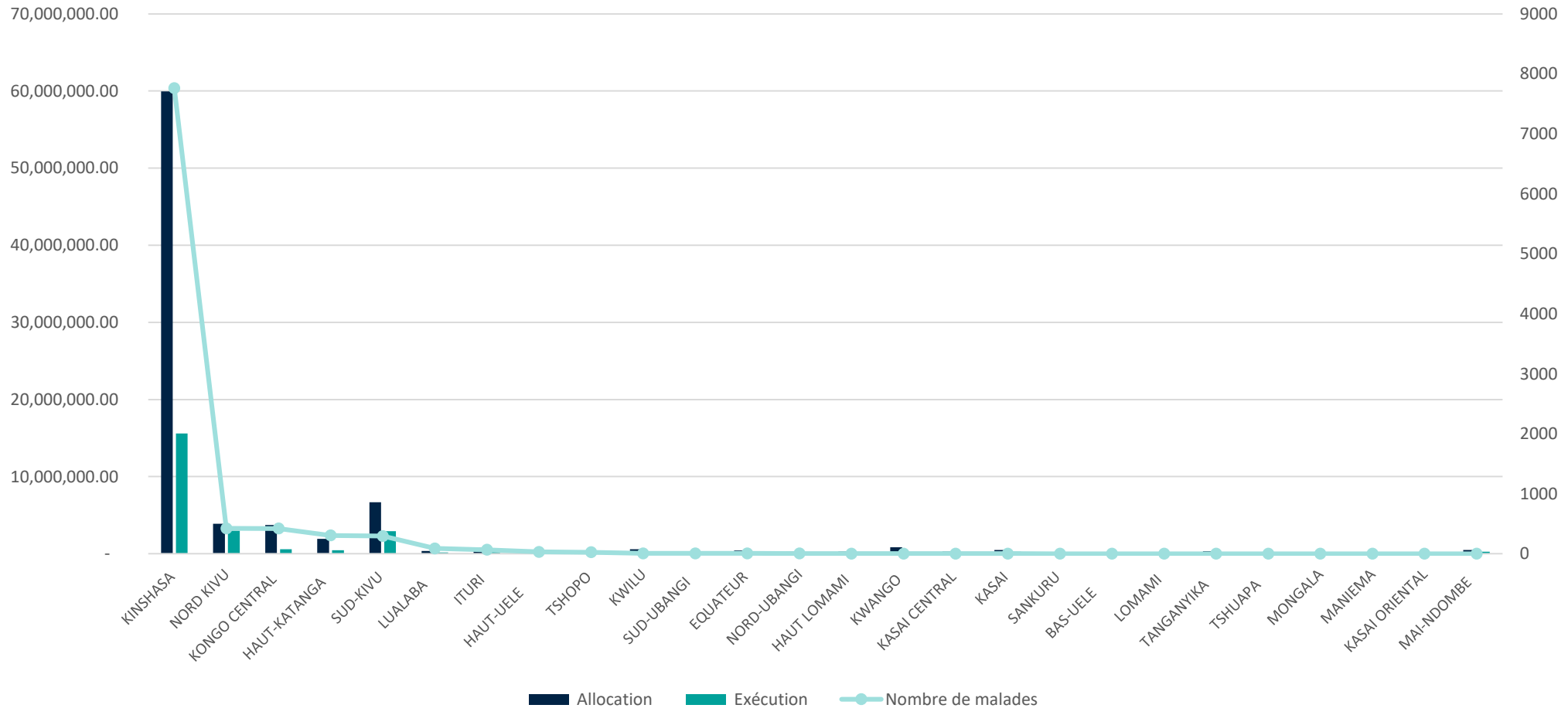
Niger: External and Government funding of C-19 Response by source (reprogramming vs new)



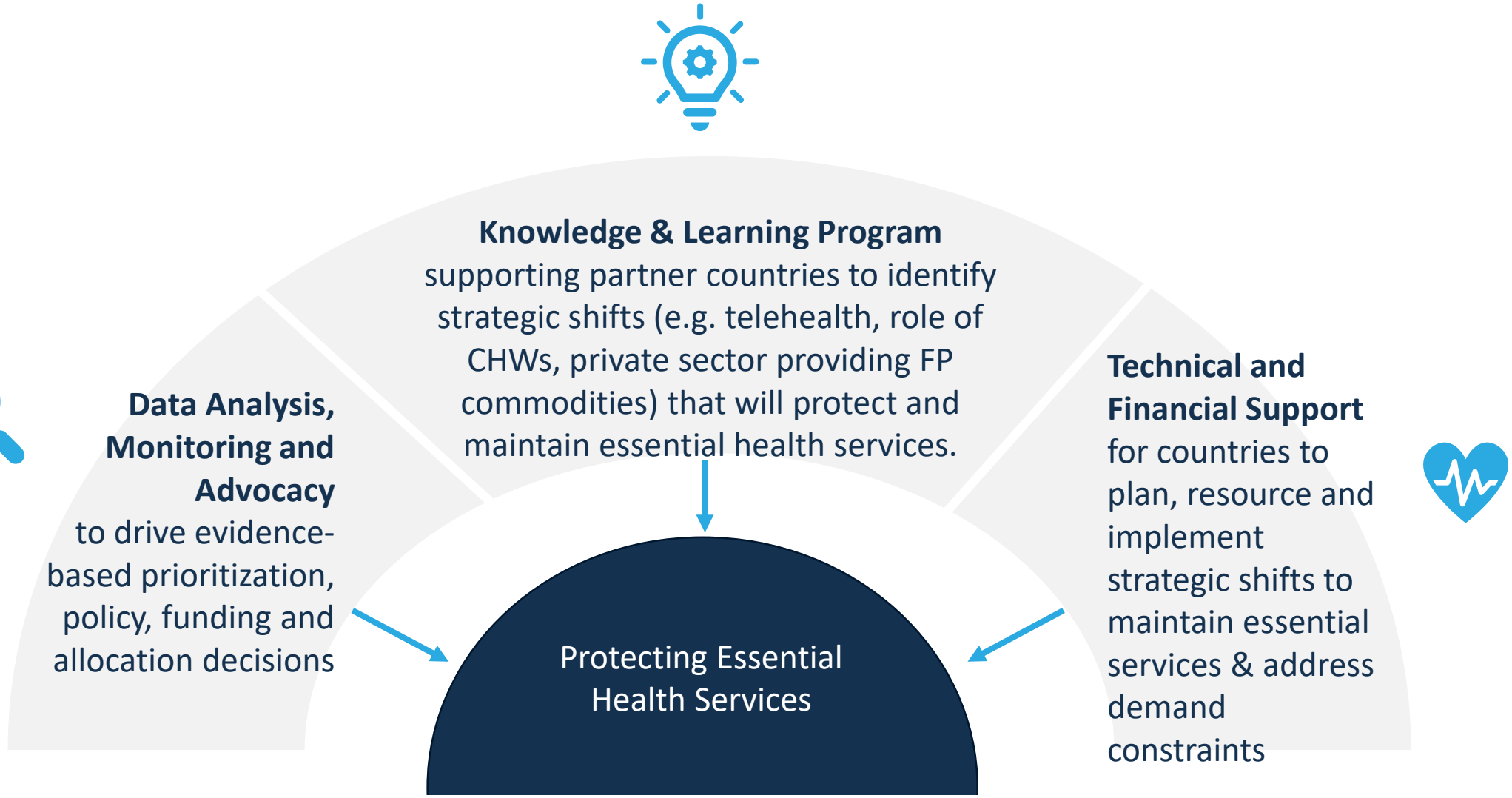
New funding Re-allocation from existing health programs to C-19

GFF helps countries assess whether funding goes where the needs (e.g., # C-19 cases) are the highest, as in the case of DRC below

In DRC the MOH wanted to ***understand whether funding was allocated to areas of greatest need*** (Graph 3). So far, resources have been mainly allocated to the five most affected provinces by COVID-19.



GFF is helping countries protect & promote delivery of essential health services during the pandemic …



Perspectives from GFF partner countries

- Honorable Minster of Public Health and Population from Haiti, Dr. Marie Gréta Roy Clément
- Director General of Planning, Health Financing and Information System from Rwanda, Dr. Parfait Uwaliraye.
- RMNCAH Commissioner from Uganda, Jesca Nsungwato