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# ONE YEAR INTO THE PANDEMIC:

## Using Data to Protect and Promote Essential Health Services



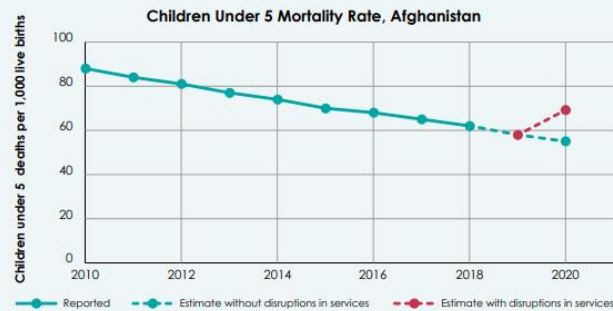
# GFF raised alarm early on, developed policy briefs and supported countries through its learning program

## PRESERVE ESSENTIAL HEALTH SERVICES DURING THE COVID-19 PANDEMIC AFGHANISTAN



### 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.



## Press Release



### 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 services, and urged immediate steps to prevent a secondary global health crisis. A rapid survey by the GFF found that nearly half are already reporting life-threatening service disruption.



## AT A GLANCE

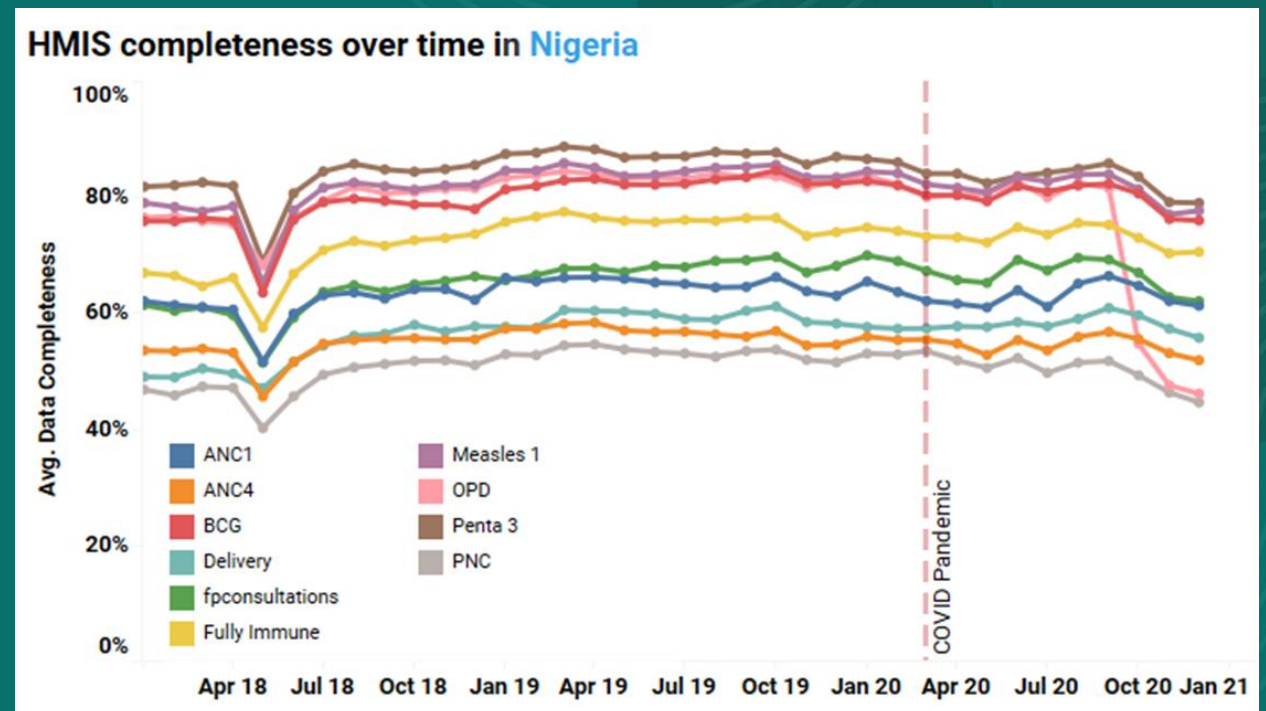
### Service Delivery Learning Program

An action-oriented, needs-driven learning program, that supports countries in their effort to continue essential health services for women, children and adolescents amidst COVID-19 by:

- deploying core capacities to address COVID-19
- strengthening frontline service delivery
- addressing demand side constraints

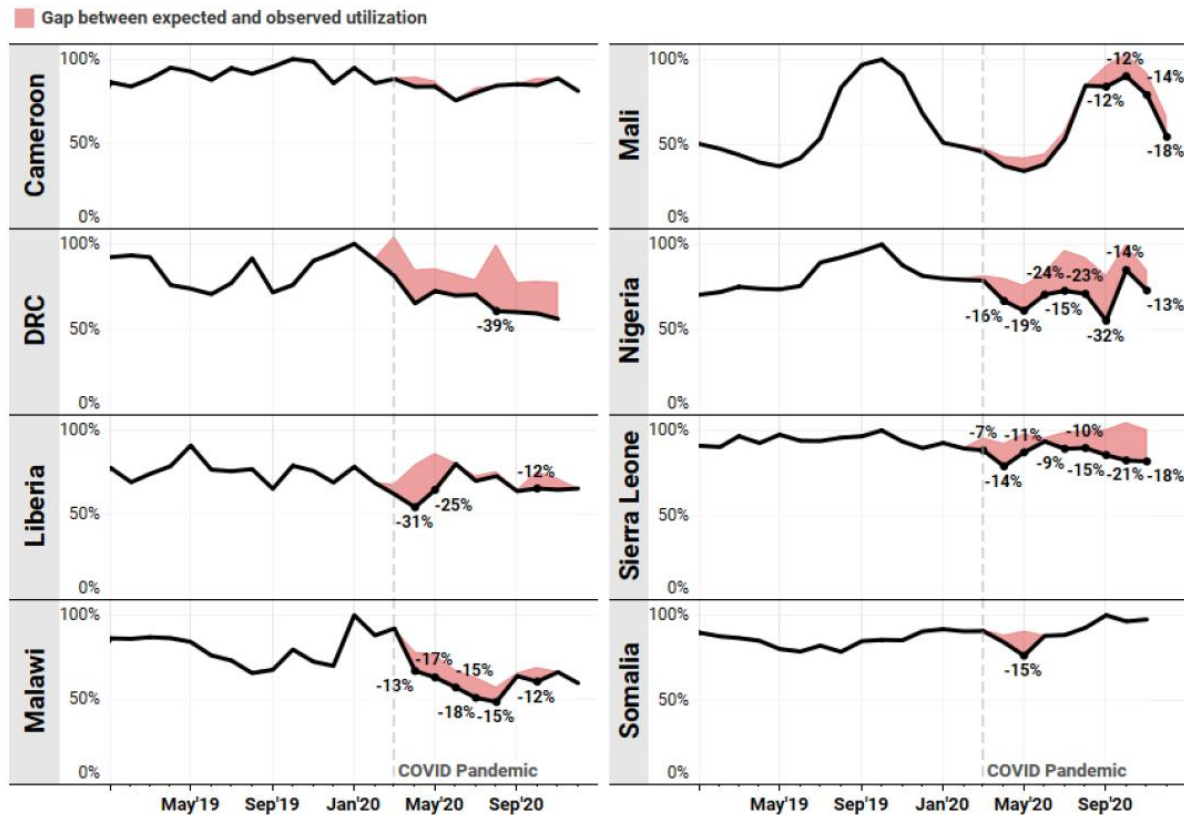


# 1. Use of administrative data (DHIS2) to assess the pandemic's impact on service utilization and how the actual experience has differed from what would have been expected given historical trends



# Data reaffirms significant service delivery disruptions in GFF countries

Figure 1. Percent difference between reported outpatient consultation volume and expected volume based on pre-pandemic data



- The **patterns of disruption differed** between countries:
  - Some countries **experiencing persistent disruptions** (like Nigeria and Sierra Leone).
  - Others experienced **large acute disruptions with some level of recovery**.
- Many countries face higher second wave of COVID-19 infections and **threat of new potentially more lethal and transmissible strains**

# Disruptions witnessed across RMNCAHN services are context dependent but recent disruptions and underlying inequity highlight continued challenges countries face

- Many countries experienced brief return of RMNCAH services in the third quarter of 2020, but **disruptions returned** in some countries **during the last three months of the year**.
  - **Urban areas are more likely** to be experiencing substantial and prolonged service disruptions, which also implies that the lower national-level estimates may **mask underlying inequities in service disruptions within countries**.
- Disruptions in **child vaccinations** across all countries. Some, like Mali, Sierra Leone and Somalia, have persistent disruptions while others managed some recovery but no catch up.
  - **Ante Natal Care** disruptions continued throughout in Afghanistan and Nigeria, while e.g. DRC and Somalia returned to pre-COVID levels after initial disruption.
  - **Institutional delivery** faced continued significant disruptions in Nigeria and Mali while Somalia appeared less affected.
  - Reductions in **Family Planning** consultations witnessed throughout in Malawi and Nigeria while some level of recovery in Liberia and Afghanistan.
  - Statistically significantly lower than expected volume in the number of **Post Natal Care** visits were detected in 8 out of 13 countries.

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



# Alarming vulnerabilities in infection prevention control and weaknesses of existing health systems revealed

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- Systematic weaknesses and poor pandemic preparedness in health systems pose a threat to future continuity of services:
- In Nigeria, one in four facilities reported not having any masks on hand in December. Only one in two facilities reported having received training in Infection Prevention Control or the use of Personal Protective Equipment.
- In Liberia one in two had enough masks or gloves for clinicians and 97% saw decrease in service delivery in November due to supply chain disruptions.
- Fragile health systems threaten pandemic preparedness and may lead to further service disruptions

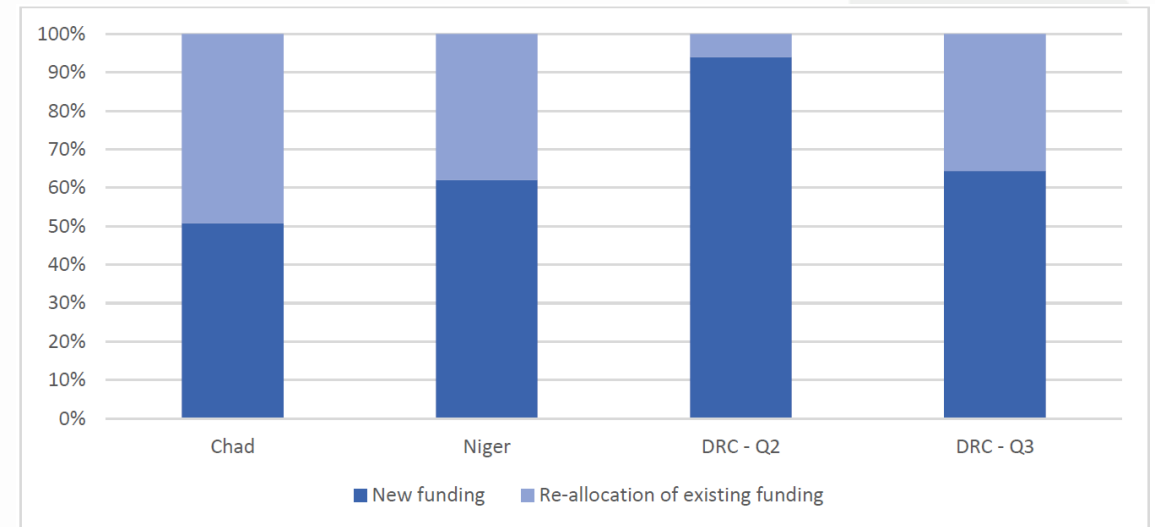
**3. Assessment of the impact of the pandemic on the financing available to countries to maintain and adapt essential health services.**





# Financial resource needs are great

- RM/ET data shows significant budget commitments for COVID-19 response plans, while recognizing many countries already had an existing funding gap for their IC or health plan prior to the onset of the pandemic.
- In-depth analysis of Chad, DRC and Niger shows funds for essential health services reprogrammed towards COVID-19 response.
- In most countries the COVID-19 response plans have not yet included costs for COVID-19 vaccine roll out.



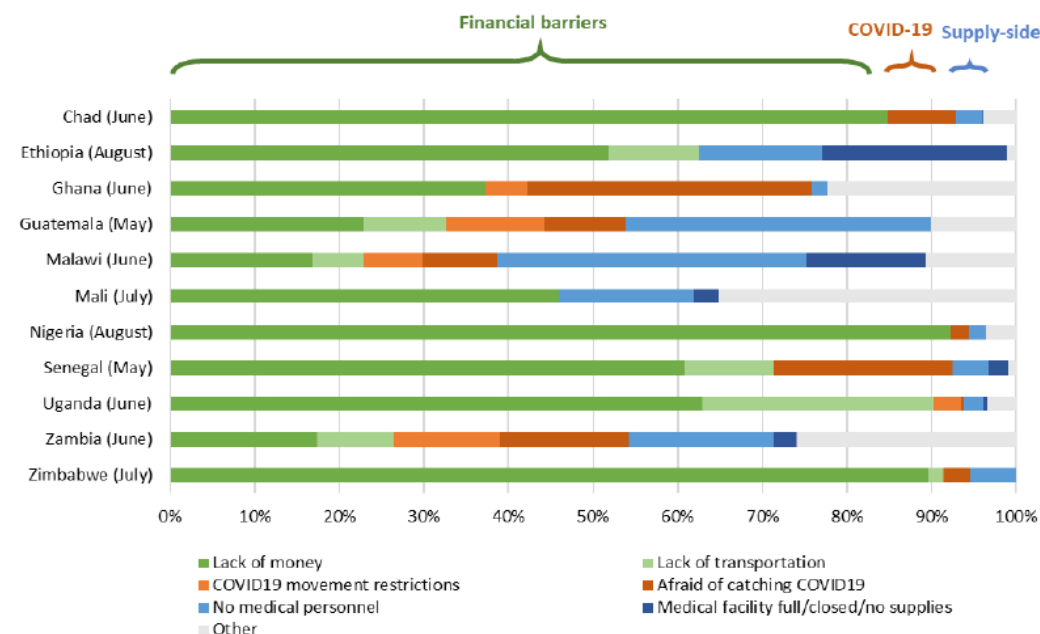
## 4. Household surveys to assess the impact on health seeking behavior



# Pandemic's impact on lowering demand of essential health services significant

- Most recent survey in 16 GFF countries show that about 25% of households who reported needing health care could not access it in 2 countries while in 7 seven other countries this was >10%
- Most significant reason for foregone care across countries was financial barriers.
- Given the global economic downturn and its impact on increasing poverty, this is expected to worsen. Projected economic shortfall in GFF countries may lead to an increase of 5.5% in overall infant mortality.
- COVID-19 has created or exacerbated financial barriers to health care, which are being most acutely felt by the poorest and most vulnerable households.

Figure 5: Reported reasons behind not being able to obtain health care, as percentage of households reporting not being to obtain health care, in the most recent survey wave in 11 GFF countries.



Source: World Bank COVID-19 High-frequency Monitoring Dashboard, February 15, 2021 version.

**Next steps:**

**Need to continue supporting GFF countries and ensuring use of data for decision making**

# Need for continuing support from GFF to countries to protect and promote essential health services as part of the COVID-19 response and recovery

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- **Several looming threats facing GFF countries:**
  - continued disruptions in essential services in view of second wave of COVID-19;
  - vaccines roll out will place severe strain on health systems and health resources;
  - economic constrain ability for vulnerable households to pay impacted
  - → impact ability to deliver essential health services and for vulnerable households to pay.
- This data is critical for Country Platforms and to inform Bank/GFF projects (incl. “essential health services” grants). These efforts are **key to the success of the Action for COVID Tools Accelerator (ACT-A), as they will help unlock bottlenecks that could hamper the delivery of the COVID-19 vaccines and tools.**
- Financial barriers data highlights the need for the GFF to broaden and **deepen its engagement with countries on:**
  - **increasing financial access and equity** by developing and implementing **more effective and efficient models of delivering health care** that will reduce costs and improve access for the poorest and most vulnerable populations.



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