

Non COVID-19 effects of the Pandemic

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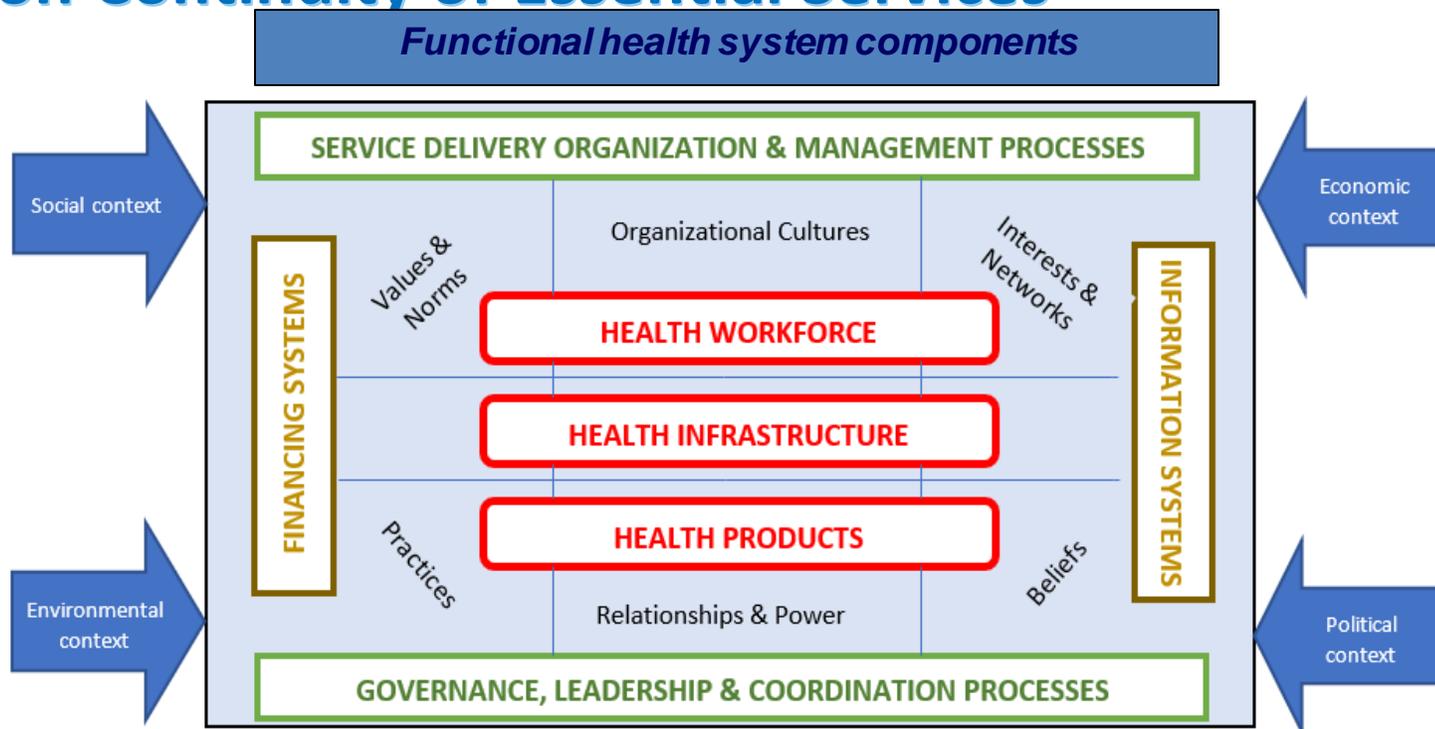
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Introduction

- In Africa COVID-19 is spreading slower (*even after correcting for low reporting*) and there are fewer severe/critical cases, yet:
 - In some countries already overstretched systems not able to take additional demand
 - Low inherent resilience – ability to absorb shocks and sustain routine services
 - COVID-19 interventions are disrupting routine service provision
- **Lessons from the 2013-2016 West Africa EVD Epidemic**
 - Deaths caused by disruption of essential maternal, newborn and child care health services and disruptions in control of Measles, Malaria, HIV/AIDS, and Tuberculosis exceeded direct deaths from EVD (*Parpia et al, 2016 and Jones et al, 2016*).
 - A 15% reduction in MNCH coverage, during COVID-19 pandemic for 6 months could result in **253,500 additional** child deaths among U-5 children and **12,190 additional** maternal deaths in low- and middle-income countries (*Roberton et al, 2020*).

Effects of COVID-19 on Continuity of Essential Services

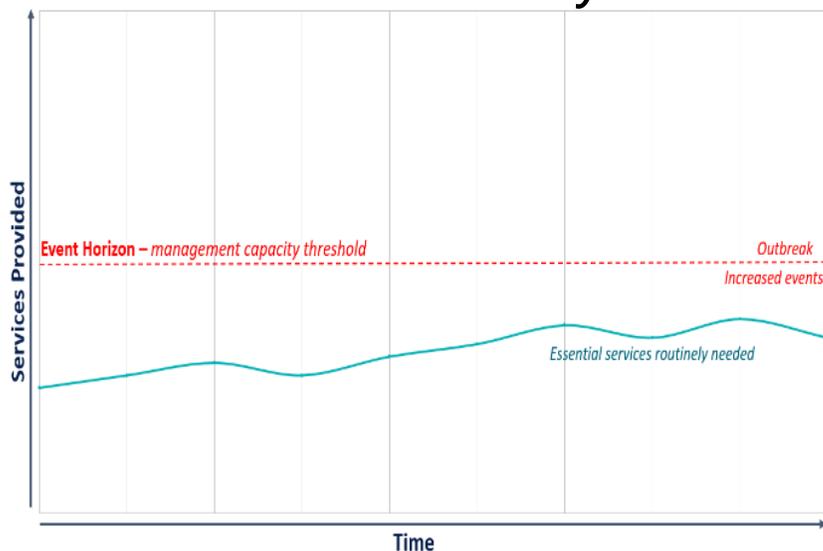
- COVID-19 is affecting all four interconnected system performance capacities
 - Access capacity:** Ability to overcome barrier (physical, financial, socio-cultural)
 - Quality capacity:** Ability to provide services as expected
 - Demand capacity:** Ability to provide service expected by populations
 - Resilience capacity:** Ability to sustain provision of essential services during shock events
- Resilience of health system: Driven by the need to ensure continuity of essential services provision
- Brings together the work of emergency preparedness and health systems – health security and UHC goals



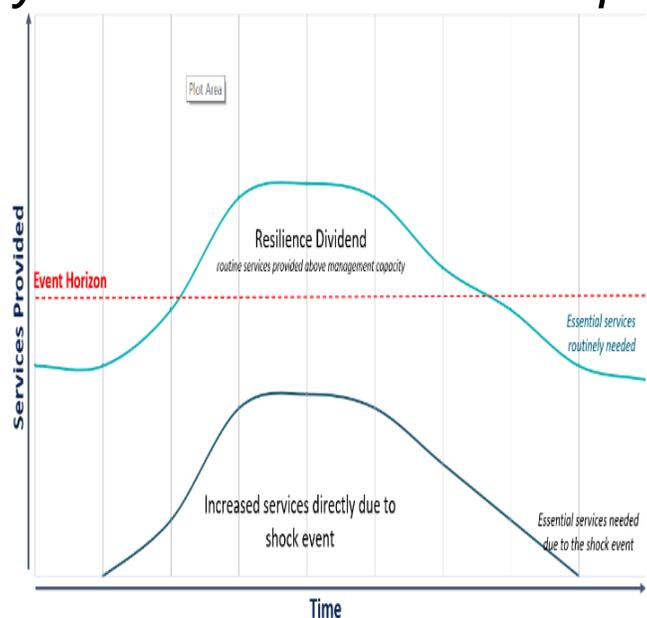
Access of services to users	Quality of care for users	Demand for essential services from users	Resilience to allow service continuity for users
EXPECTED CAPACITIES OF A PERFORMING HEALTH SYSTEM			

What does resilience entail?

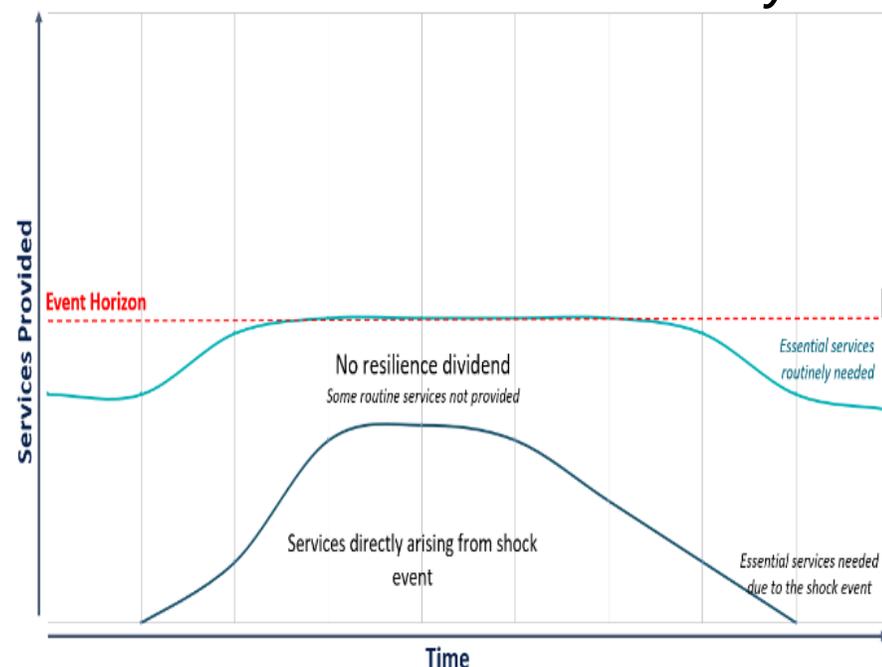
Why is continuity of essential services important? Poor resilience of health systems



Pre-outbreak – routine services



Resilience – continuity un-disrupted



No resilience – continuity disrupted

- Three policy responses needed to respond to shock events:
 - Build emergency preparedness and response capacity – more investment in anticipating and tackling the shock event
 - Build inherent resilience capacity of the system – more investment in re-organization of existing resources to sustain routine services and
 - Build overall health system capacity – more investment in staff, infrastructure, supplies, etc that improve overall capacity of the system

- Monitoring continuity of essential services assists in knowing the inherent resilience of the system, and so identify where gaps are that need to be addressed



Indicators monitored

Service availability

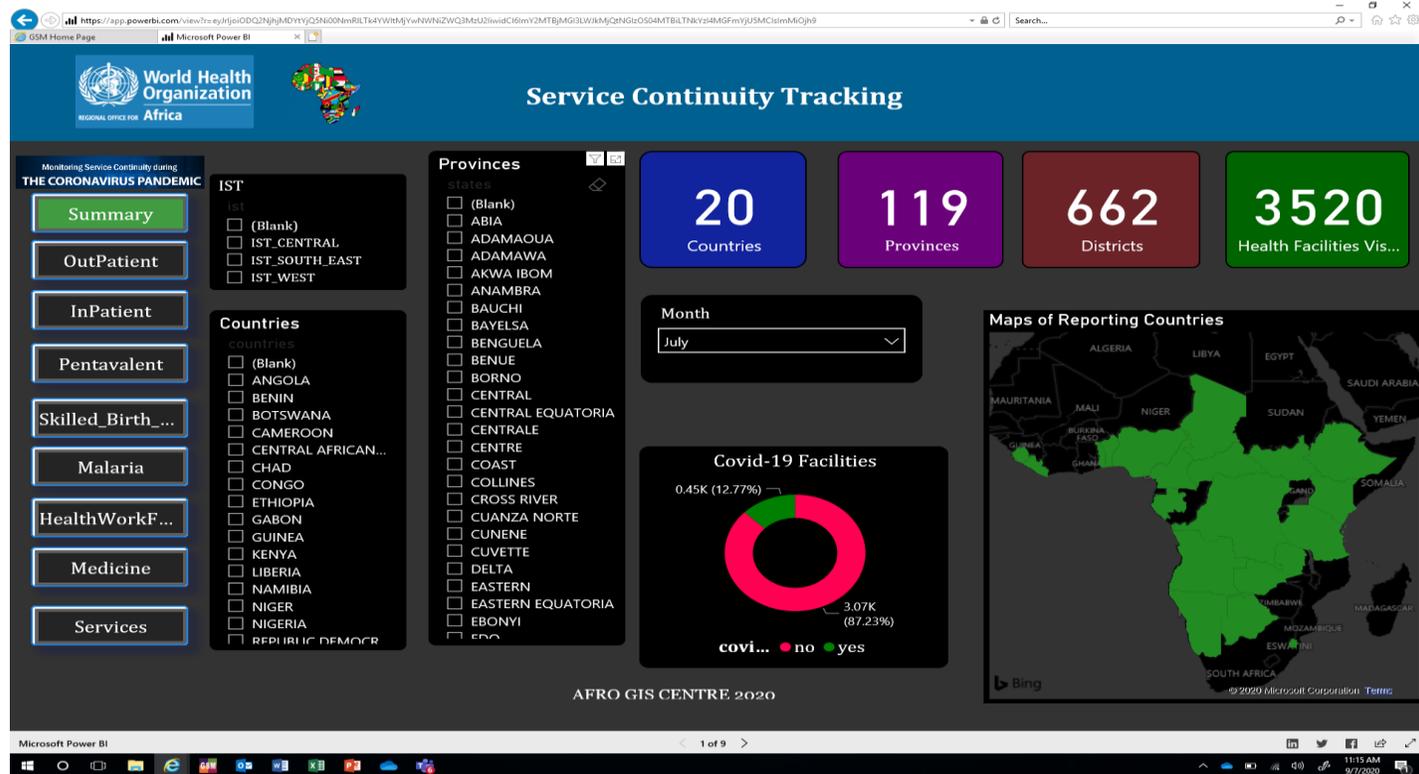
- Outpatient utilization
- Inpatient utilization
- DPT-3 (pentavalent) coverage

Service capacity

- Changes in HRH numbers (new / leaving staff by cadres)
- Changes in major infrastructure (new / retired)
- Changes in supplies availability

- Indicators are kept minimal to avoid duplicating the routine DHIS system that is capturing all data trends
- Selected indicators are ONLY to assist identify if there is a sudden drop / increase beyond what is expected. Where this is noted, the country team coordinating continuity of essential services is notified, and further action is taken
- Plan to include mortality monitoring indicator
- System is designed to exist beyond COVID-19, laying the basis for health system surveillance network complementing the IDSR

WHO Africa Region Service Continuity Dashboard



- Tool is part of surveillance tools already surveillance network
- Surveillance officer enters data during routine surveillance visit to a facility
- Data captured are for the previous month, against the options given
- Data are instantly displayed by facility, district, province and country (see table – link: <https://rebrand.ly/servicecontinuity>)

- OPD and IPD visits have dropped in 2020
- Childhood Immunizations have dropped
- The Number of people accessing their TB drugs and ARVs

- Monitoring can be done at facility level, and by COVID task force at national and district levels



Key findings from public opinion polls on COVID-19 in Africa

Partnership for Evidence-based Response to COVID-19 Polls conducted from 4-17 August in 18 African Union Member States



Overview & Methodology

- The Partnership for Evidence-based Response to COVID-19 (PERC) periodically conducts public opinion polls to better understand the public's risk perception and behaviors related to COVID-19, as well as support for government implemented public health and social measures (PHSMs)
- The surveys are also aimed to quantify the economic and social burdens brought on by the virus, and the affects on access to and use of health care services—particularly services unrelated to COVID-19.
- The August poll was conducted by Ipsos by telephone in 18 African Union Member States.
- Samples were drawn to be nationally representative of each Member State
- Weighting was applied by gender and region to align the final data with the population
- The weighted national sample size in each of the surveyed AU Member States is 1,200 completed interviews.



Missed or Delayed Health Care Services

- The survey confirmed significant disruptions in health care service delivery
- **44% of respondents reported they or someone in their household had a missed or delayed health care service visit*.**
- Reported disruptions were more common among respondents with:
 - **Someone in their household with COVID-19**
 - **Respondents with longstanding illnesses**
 - **Respondents living in urban areas**
 - **With mental health issues.**
- The scale of health care delivery disruptions varied greatly:
 - In **Tunisia**, 83% of respondents in need of healthcare reported they delayed, skipped or experienced challenges seeking care,
 - Whereas only 22% of respondents reported disruptions in **Ethiopia** and **Senegal**.

Missed or Delayed Health Care Services

% Yes: (among those requiring services*)	44%
Had COVID-19/someone in house had COVID-19	61%
People with longstanding illnesses	49%
People reporting mental health issue in past two weeks	47%
Women	44%
Men	43%
Low Income (<\$100 USD)	41%
High Income (>\$500 USD)	49%
Urban	48%
Rural	41%

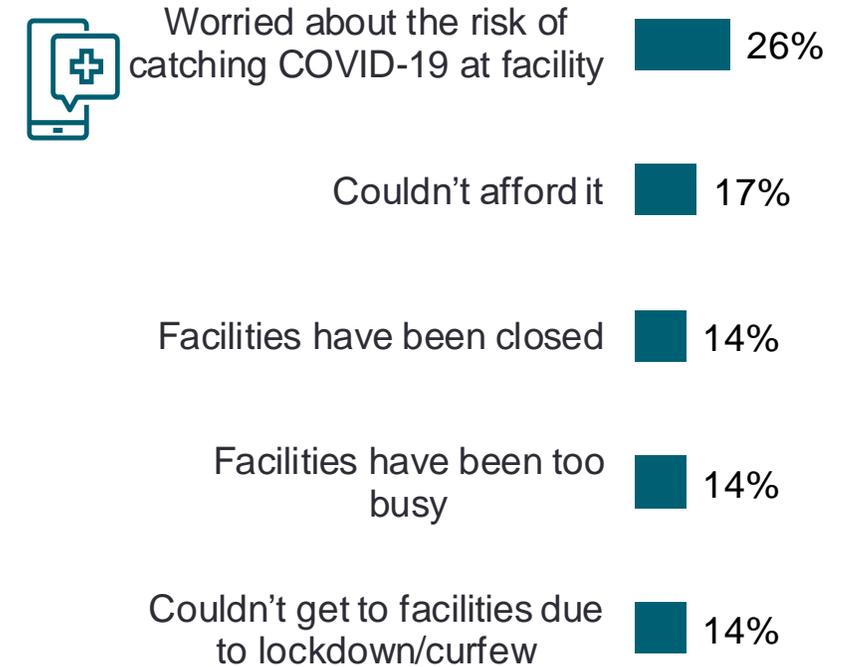
**The denominator excludes the 50% of respondents that said they did not need health care services*

Reasons for Missed Services

Reasons for missed services also varied greatly between Member States and is likely a reflection of the health system issues that existed prior to COVID-19, as well as the current scale of the epidemic and stringency of PHSMs implemented in each Member State at the time of the survey

- **Egypt** (43%), **Ghana** (40%), **Cameroon** (39%), and **Cote d'Ivoire** (38%) were among the countries with the most respondents worried about catching COVID-19 at a facility.
- **Uganda:** 60% of respondents said that health facilities were too far or public transport wasn't working, which may be due to the government's limits on public transportation at the time of the survey.
- **Sudan:** Close to half (44%) of respondents reported that they skipped health services because facilities were closed, which is in line with reports of shortages of trained health care workers and the lack of available personal protective equipment.
- **Cameroon:** Over one-third (37%) of respondents reported they delayed or skipped health services because they couldn't afford it. **This aligns with the 78% of respondents in Cameroon that reported income losses.**

Reason for delayed, skipped Services:

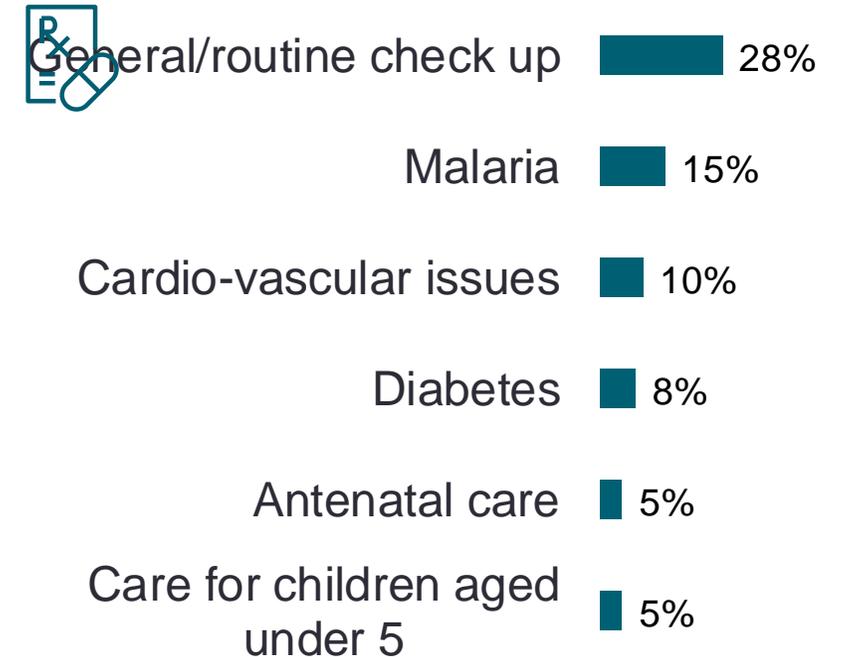


Types of Services Missed

General/routine check up was the most frequently reported skipped health care visit across all AU Member States, but findings varied significantly between countries.

- In countries with high prevalence of malaria, reported disruptions to malaria visits were high.
- In **Nigeria**, which accounts for one-fourth of malaria cases worldwide, 37% of respondents reported delays in visits for suspected malaria.
- **Combined disruptions to maternal, newborn and child health were significant across all countries** with almost one-fifth of respondents reporting they delayed or skipped visits for antenatal care, care for children under age 5, vaccinations, pregnancy complications and family planning.
- Disruptions to HIV services were also significant across countries, but particularly in South Africa, Uganda and Zimbabwe.

Types of services missed or delayed*



**Data on disrupted services should be interpreted within the context of a country's disease burden and health care utilization patterns.*

Difficulty Accessing Medication

More than **one-fourth of respondents** reported difficulty accessing medications.

- While reports of missed or delayed services were slightly higher among high income respondents, difficulty accessing medications was more common among low income respondents.
- In **Sudan**, nearly two-thirds (65%) of respondents reported ‘much more’ difficulty accessing medication—which is higher than any other AU Member State surveyed.
- In contrast, only 8% of respondents in **Senegal** reported difficulty accessing medications.

Difficulty accessing medications

 % Much More Difficult (among those requiring medications)	27%
People with longstanding illnesses	33%
Women	27%
Men	27%
Low Income (<\$100 USD)	32%
High Income (>\$500 USD)	24%
Urban	27%
Rural	27%

Economic and Food Security Burden

A majority of those polled have experienced barriers to purchasing food due to high prices and/or income has declined.

Three in four income earners are reporting lower income than last year, particularly pronounced among those in urban centers and those with lower incomes.

Two in five report they are spending more hours on unpaid work.



Barriers and difficulties purchasing food

	% reporting barrier in the past week	Urban	Rural	Low income	High income
Any barrier (yes to ANY of the below):	72%	71%	73%	79%	66%
Have you been unable to buy the amount of food you usually buy...					
<i>because the price was too high</i>	59	60	59	66	58
<i>because your income has dropped</i>	56	57	56	63	54
<i>because of shortages in the markets you buy from</i>	44	44	43	47	48
<i>had difficulties in going to food markets due to restrictions</i>	38	39	37	41	44
<i>due to most food markets being closed</i>	38	39	37	41	43

Q17. In the past 7 days, how many days have you or someone in your household experienced any of the following?



Impact on income:

% Reporting Income is Smaller than last year

74%

Women	74%
Men	73%
Low Income	78%
High Income	59%
Urban	83%
Rural	61%

Q18. How does the amount of money you made in the past 7 days compare to the amount you made this time last year? Is it... Bigger, Smaller, Stayed the Same, Don't make any, Don't know. Results rebased to those who make income.

Impact on Unpaid work:

% Reporting More Hours on Unpaid Work

38%

Women	39%
Men	36%
Low Income	44%
High Income	35%
Urban	36%
Rural	39%

Q19. Since the crisis began, have you had a change in your hours spent on unpaid work, such as child care, care of the elderly and housework? More hours, less hours, no change in hours, don't know.



Partnership for Evidence-based Response to COVID-19

South Africa



World Health Organization
REGIONAL OFFICE FOR Africa



World Health Organization in the African Region *Making people healthier*

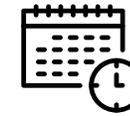
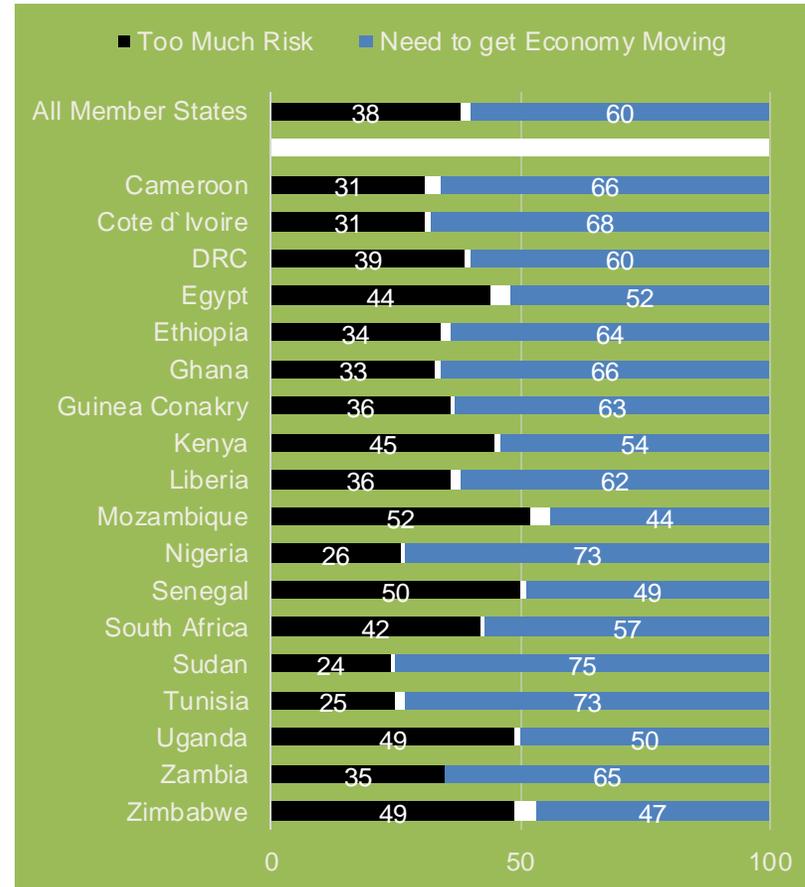
Expectations about COVID-19

In the trade-off between getting the economy moving and too much risk in loosening restrictions, the balance is in favor of getting the economy moving. However, several countries are divided on this measure.

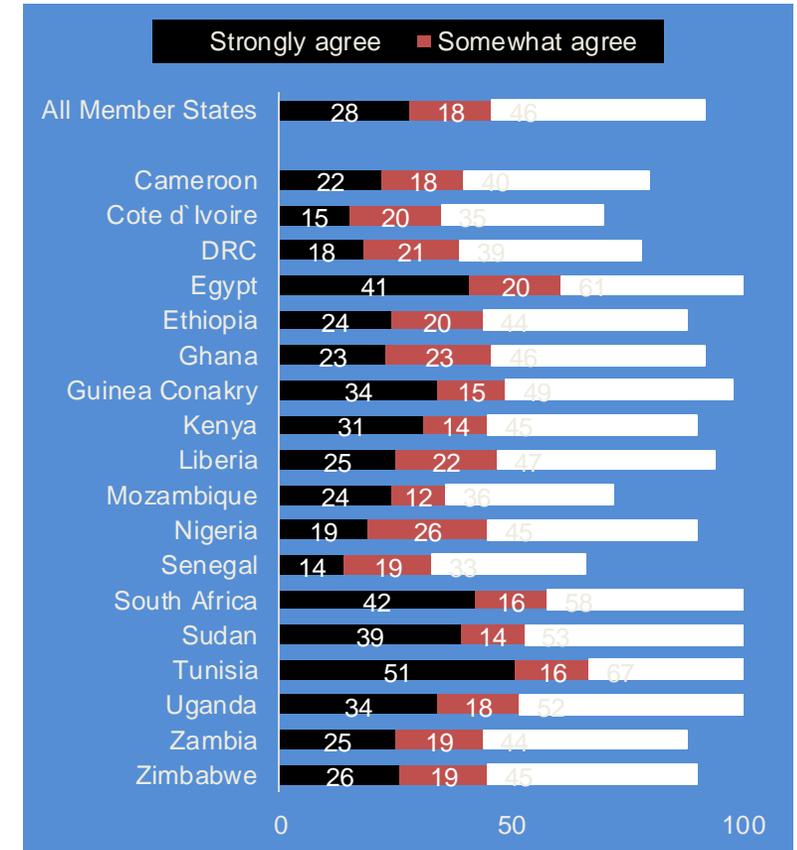
Regardless, one in two agree it will be at least six months before the coronavirus is contained.



Loosening Restrictions: “too risky to loosen restrictions” versus “there is a low risk and need to get economy moving”



It will be at least six months before the coronavirus is contained



Other Concerns:
 Increase in GBV
 Increase in alcohol use
 Impact in childrens' education, Teenage pregnancies

Summing Up

- In the absence of proven therapeutic remedies or vaccine, ALL countries MUST successfully suppress transmission through:
 1. Robust testing, isolation and care for all cases of COVID-19, including those with mild disease.
 2. Identification and quarantine of all contacts.
 3. Practicing hand hygiene with water and soap or alcohol based sanitizers, respiratory etiquette, use of masks and adherence to strict infection prevention and control measures in health care settings.
 4. Balancing PHSMs based on context while monitoring for resurgence of cases
- **The COVID-19 pandemic has changed the lives of individuals, communities and societies across the world-we need to adjust to a “New Normal” to mitigate the Non direct COVID-19 pandemic effects**