Maintaining Continuity of Essential Health Services during COVID-19; Interim Guidance

Nov 2021

On behalf of IMT TWG on CEHS
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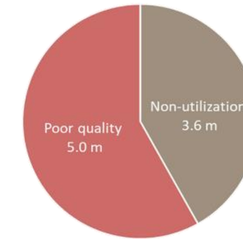
COVID-19 pandemic; impact on Health and services

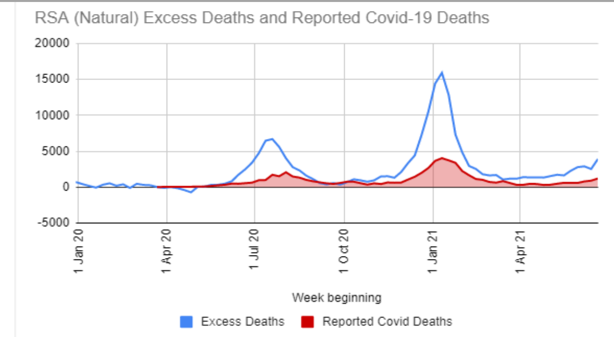
Under Normal Situation

- ~8.6m deaths/yr in LMICs are due to inadequate access and low quality health care:
  - 3.6 million who did not access care
  - 5.0 million who sought care, but received poor quality



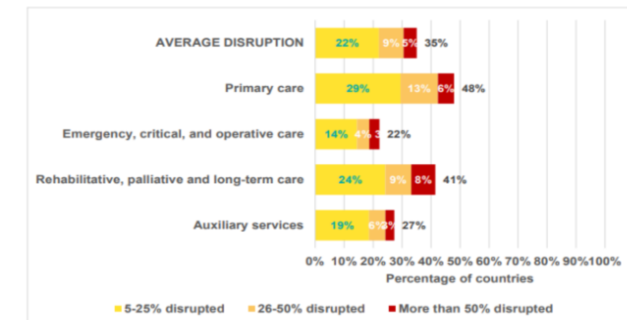
Protracted pandemic- The ‘new normal’

- COVID-19 services + other essential health services (NCDs, RMNCAH, HIV, TB, ++)
  - COVID-19 Deaths
  - Excess deaths due to poor access & quality of care



Essential health service disruption- Implications

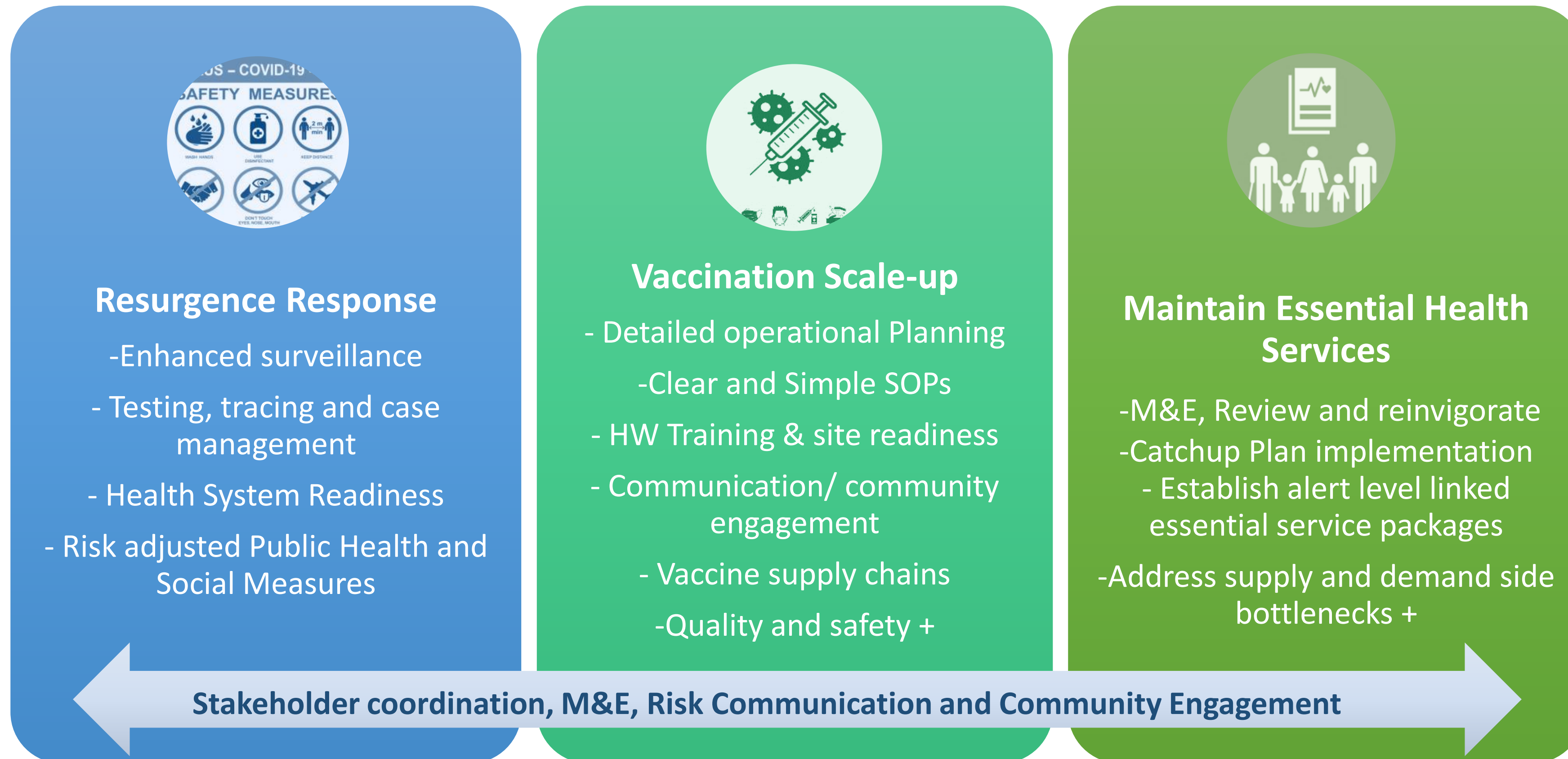
- Forgone care, delayed care, unsolicited care, incomplete care, unsafe care, impoverishing care ++
- Risk of undoing decades of progress on health gains- inequities, loss of life and citizen faith
- Long term social and economic implications- DALYs, ↑ disease burden



Source: The Lancet, SAMRC, WHO

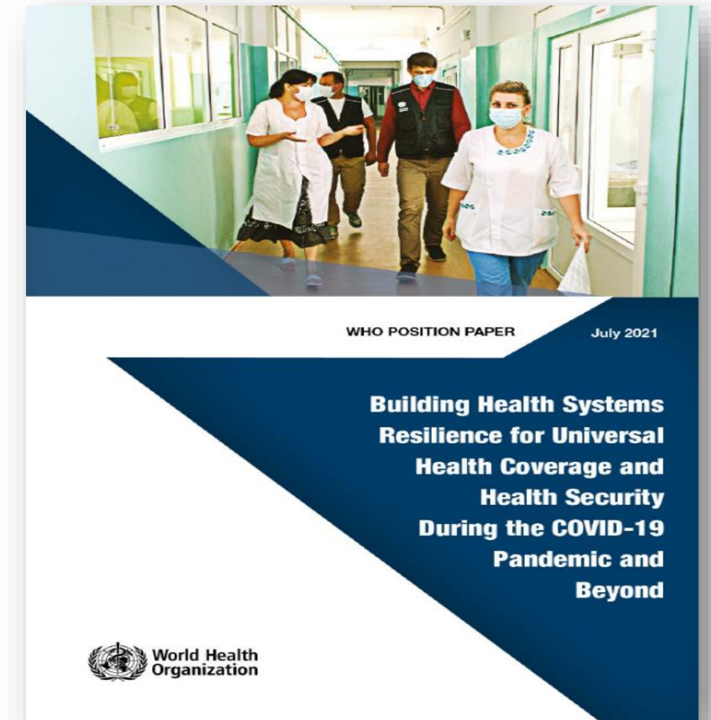
COVID-19 Response; A balancing act

The three-pronged approach



What are the global lessons telling us?

"Maintaining essential health services must be considered ***just as high a priority*** *as ensuring the emergency Response"*

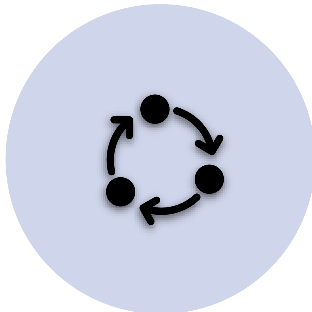


CEHS established as pillar of COVID-19 response and National IMT, but need for:

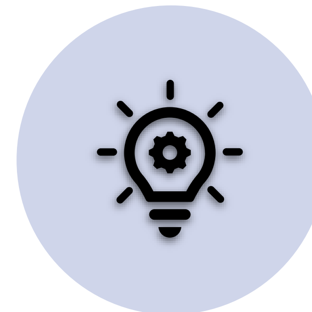
1. Coherent approach to coordination, management and M&E of CEHS
2. Broader guidance to the programmes, and to the provinces

SA Guidance: Maintaining CEHS during COVID-19

To propose **strategic directions for improved coordination, planning and monitoring** of CEHS during the pandemic



To provide a **methodical approach for phased reduction and resumption** in service provision based on pandemic phase/ alert levels



To suggest mechanisms for **optimizing key health resources, and health service delivery platforms** tailored to context and community needs

V0 DRAFT for discussion
15 Oct 2021

Maintaining Continuity of Essential Health Services during COVID-19
Operational Guidance Concepts

Note: *This draft concept has been developed by the IMT Technical Working Group (TWG) on Continuity of Essential Health Services with an objective of outlining the approach and processes for maintaining provision of essential Health services during COVID19 and beyond. Due to pragmatic reasons and TWG's mandate, the focus of this paper is largely on the public health sector. Inputs have been derived from several sources including NDoH and WHO documents, stakeholder engagement from the IMT and inputs from various programme managers. The strategic directions for now have been restricted to 'What' key actions are needed, the details and 'How' can be developed once a broader consensus is achieved.*

1 Background:

Since the COVID-19 pandemic began, South Africa's health systems have been confronted with unprecedented demand for health services. The resource constrained public health system was already reeling under pressure from the pre-existing quadruple burden of disease, but the additional load of COVID-19 related morbidity and mortality in the community and amongst the healthcare workers (HCW) has stretched it to the limits.

1.1 Disruption of Essential Health Services

COVID19 has led to major disruptions in provision of the essential health services for HIV, TB, RMNCAH, NCDs, medical emergency as well as other inpatient and outpatient health services. As evidenced globally, the key reasons for these service disruptions are the overwhelmed health systems; cancellation of services; redeployment or infection of staff; and shortages of commodities and supplies. However- the lockdowns, transport and access challenges, the fear of infections and unsafe care amongst the community can also be attributed to it.

In South Africa, the service disruption varies across the nine provinces and districts, but it is particularly severe during the peaks of pandemic, particularly in districts with weaker health systems, and has disproportionately affected the vulnerable populations- further exacerbating preexisting inequities in access to health services.

1.2 Impact of disruption

The evidence suggests that these disruptions of essential health services (EHS) have led to forgone care, delayed care, incomplete care, unsolicited care, unsafe care and even impoverishing care. The country now risks undoing the decades of progress in health gains, but it also has severe implications for country's future health and economic prospects in terms of loss of QALYs, loss of citizen faith in health systems, mental health issues and preventable death and disability. The SAMRC reports already suggest excess mortality during COVID-19 pandemic, particularly during peaks of waves.

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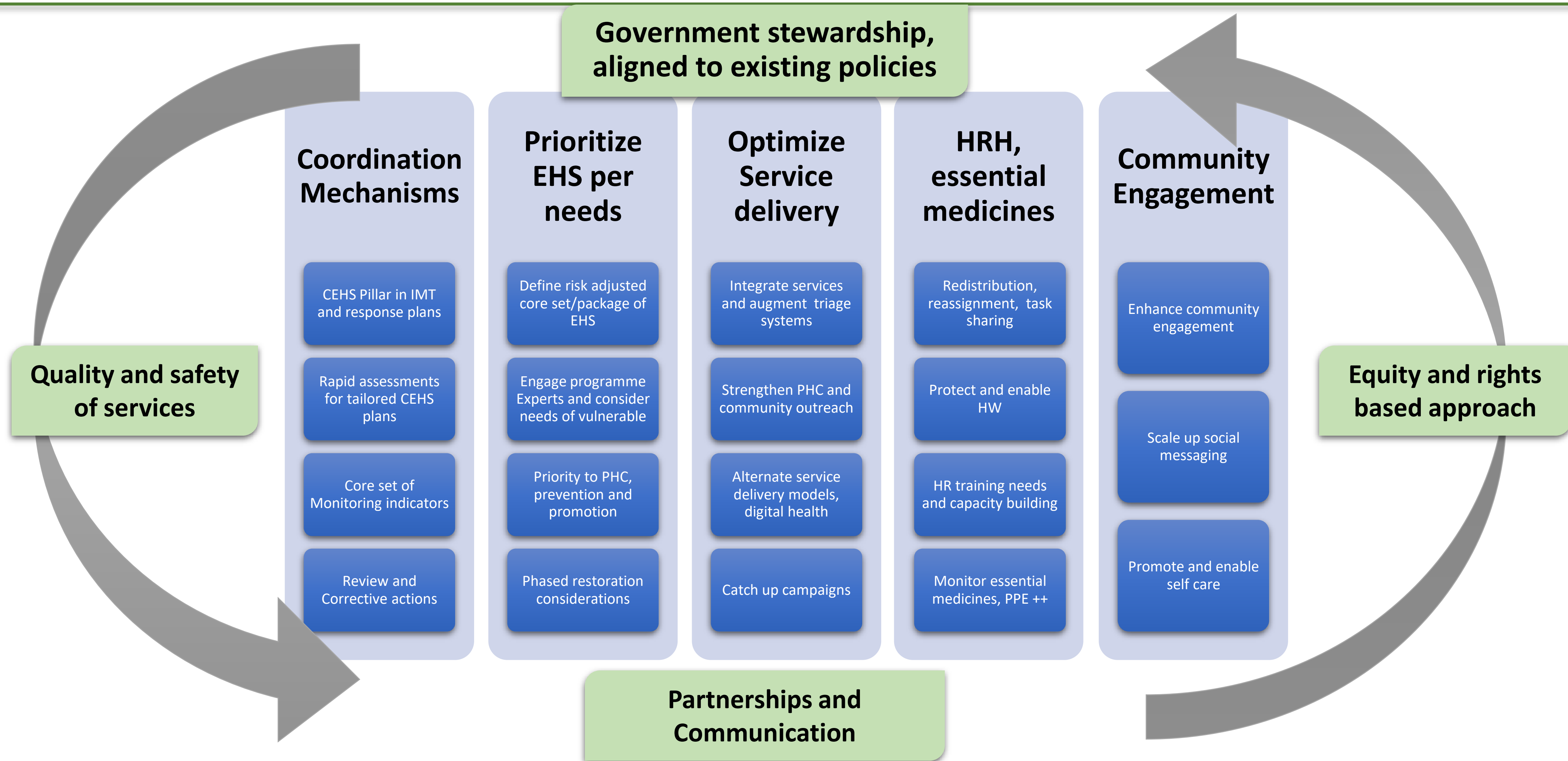
The idea is to first get an agreement on the approach- key guidance is being expanded by TWG

The 5 Strategic directions & 5 Overarching principles

Guidance, not prescription



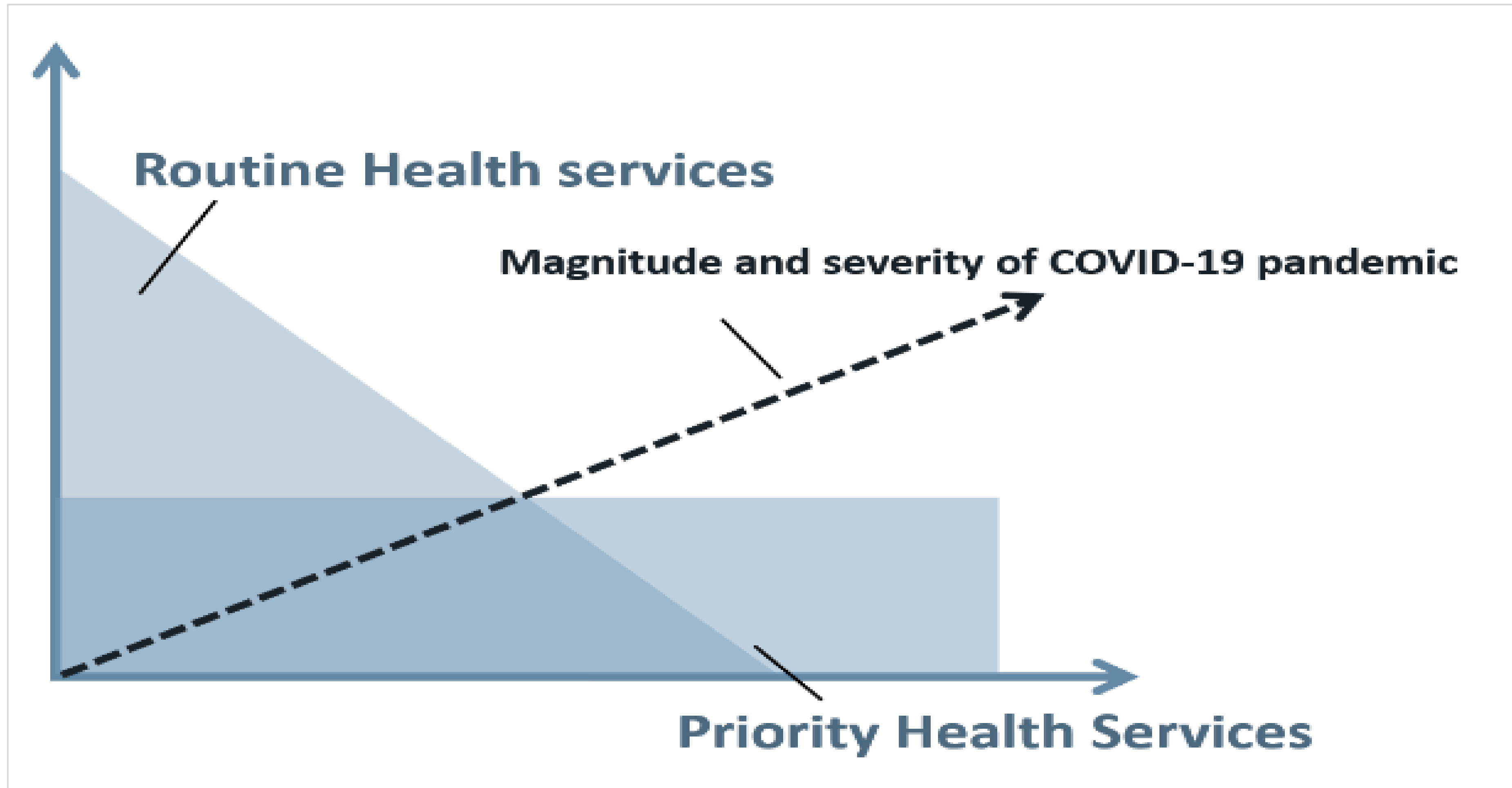
1. Establish coordination Mechanisms for CEHS

- **Establish EHS pillar** in national and provincial COVID19 response plans and IMTs to continuously monitor, report and take actions for maintaining EHS during COVID19
- **Conduct rapid assessments**: Each province and district must conduct quick desktop and if possible, a field assessment- to gauge the coverage of various essential health services, and the supply and demand side factors affecting it. This will help to further contextualize the strategic directions and guidance to draft more tailored plans for catching up and maintaining essential health services
- **Identify a core set of indicators** that needs to be monitored on regular basis – (At province, district and sub district levels)- The indicator selection should ideally be from the currently available data set
- **Regular review and corrective actions** – The review must be conducted on regular basis (at least monthly?) followed by gaps analysis and corrective measures. Mechanisms must be established for regular Documentation and Reporting of progress and challenges for different levels

2. Prioritize essential services for changing context & needs

- **Define risk adjusted core set/package of EHS** that aligned to various phases of the pandemic/alert levels (routine vs the priority health services) according to the levels of health facility (PHC, DH, regional Hospital etc.)
- This requires **engagement of key DoH programme experts** and frontline health managers, and must consider priority needs of most vulnerable populations
- As a broad guidance, the following EHS categories are proposed as high priority:
  - *Essential prevention and treatment services for communicable diseases, including immunizations;*
  - *Reproductive health services, including during pregnancy and childbirth;*
  - *Core services for vulnerable populations, such as infants and older adults; people with disabilities*
  - *Provision of medications, supplies and support from health care workers for the ongoing management of chronic diseases (HIV, TB, NCDs etc) through CCMDD*
  - *critical facility-based therapies; e.g. kidney dialysis*
  - *Emergency health conditions and common acute presentations that require time-sensitive intervention; and*
  - *Auxiliary services, such as basic diagnostic imaging, laboratory and blood bank services.*
- **The phased restoration** of all services based on the pandemic phase must also be well planned and coordinated

2. Prioritize essential services for changing context & needs

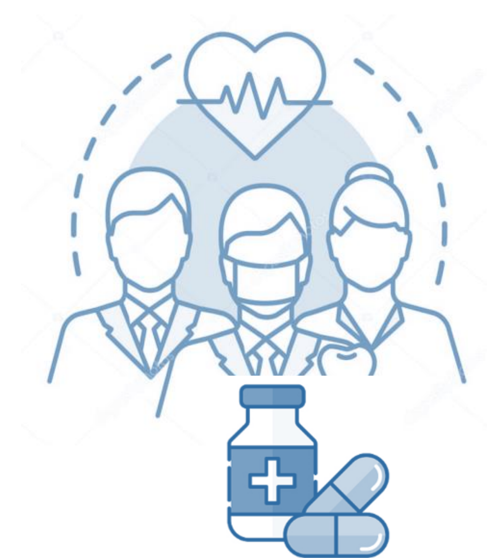


3. Optimize service delivery settings and platforms

- **Integrate services and augment triage systems in health facilities:** Integrate services across disease programmes at the point of service delivery where appropriate (e.g HIV, TB and other comorbidities), and establish clear referral pathways to reduce facility visits/encounters, and for efficient patient flow within and between the facilities
- **Strengthen Primary Health Care and community outreach services** to limit the facility visits. e.g.
  - CHWs for Patient management: routine monitoring of chronic health conditions, follow-up
  - Community access to medication management and home delivery
  - Coaching and support for patients on self-management
  - Home-based care for patients who do not require intensive therapies
- **Alternate service delivery models** and Digital Health technologies (telemedicine, mHealth) for provision of EHS, follow up and maintaining communication with communities must be strongly considered based on local context
- **Catch up:** Catch up campaigns will be required to meet the health needs and to clear the backlog due to interrupted services- in fact some procedures and services considered 'elective' may become 'urgent'. Systems need to be prepared for increased influx in-between the COVID19 waves

4. Health Workforce, essential medicines & equipment

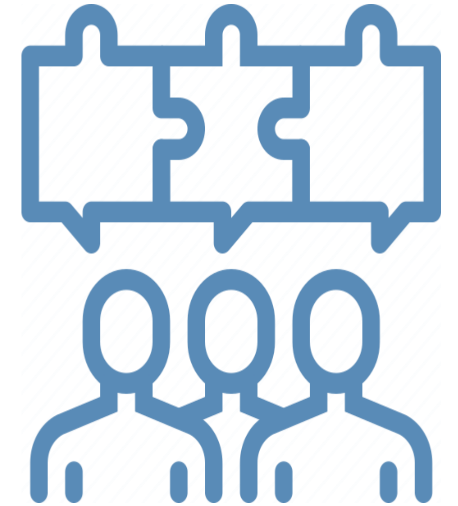
- **Re-distribute health workforce**, including by re-assignment & task sharing between the COVID-19 response, vaccination roll out or provision of Essential Health services. Identify additional health workforce for temporary deployments as needed
- **Protecting and enabling HCWs-** Preventing HCW infections, managing workload, providing clear instructions based on upto-date policies and clinical guidelines, and providing psychosocial support, timely salaries and incentives are vital to prevent frustration, burnout and unnecessary absenteeism that can have a knock-on effect on EHS
- **Identify HR training needs and provide capacity building** particularly on IPC, provision of care using digital and remote modes, self-care etc.
- **Monitor adequate supply of medications**, medical products, PPE and other equipment and ensure buffer stock and contingency plans- for provision of EHS



5. Community engagement and Communication

- **Enhance community engagement**– to inform the adaptation of services so they are more responsive to local needs and involve the local leaders and influencers to promote Health Seeking behavior and adherence to NPIs

- **Scale-up social messaging and communication** to prepare the public and guide safe care-seeking behavior, to allay fears around safety concerns in treating facilities as well as relaying clear information on how and where to seek care during high transmission of COVID-19



Summary, proposed next steps

- Continuity of EHS during COVID-19 requires wider attention and actions at National and provinces
- Need to institutionalize CEHS mechanisms during COVID-19, rather than ad-hoc approaches
- The draft guidance paper circulated amongst NDoH programmes and being updated
- Inputs and feedback from provinces are very welcome
- Once strategic directions agreed in principal:
  - Expand the guidance e.g: risk adjusted package
  - Monitoring indicators
  - ++
- Final guidance to be updated and signed off by DG-NDoH
- Meanwhile, the Initial guidance can be used to instigate / further discussions on maintaining CEHS in provinces

Thank You