Ministerial Roundtable on COVID-19: Maintaining essential health services and public health programme in the context of COVID-19

Across the WHO SEA Region, and in the context of the ongoing COVID-19 pandemic, the focus of health systems has been diverted to preparedness and response. Much of the available resources, especially the health workforce, has been repurposed for the response to the ongoing pandemic. This has negatively affected the delivery of essential health services and public health programmes. The varied types of physical distancing and movement restrictions adopted within countries and at points of entry, in an effort to curb disease transmission, have had undesirable effects on access to essential health services and much needed health supplies. Furthermore, inadequate though evolving knowledge about the novel coronavirus has raised apprehensions and triggered widespread fear and stigmatization of patients, thus lowering the demand for health services.

Uncertainties around the further progression or possible waning of the ongoing COVID-19 pandemic, and its ‘when’ and ‘how’, provide an opportunity for the Member States and implementing partners to protect, facilitate and maintain the continuity of essential health services and public health programmes along with focused and persistent efforts in curbing the pandemic and further strengthening universal health coverage (UHC).

The attached Working Paper was presented to the High-Level Preparatory Meeting in July 2020 for its review and recommendations. The HLP Meeting reviewed the paper and made the following recommendations for the consideration of the Seventy-third Session of the Regional Committee.

**Actions by Member States**

1. Conduct mapping of functional health systems and service delivery provisions with special focus on primary health care, to plan and monitor the delivery of essential health services in the changing context of the COVID-19 pandemic.

2. Address perceptions of communities through enhanced community engagement to tackle misinformation and rumors for improving the uptake of essential health services.

3. Ensure implementation of safe and effective patient triage and referral, at all levels, for both COVID-19 and non-COVID-19 patients, while following norms of physical distancing and infection prevention and control protocols.
(4) Optimize health workforce capacity through redistribution, repurposing and recruitment, ensuring protection and safety of health workers, as well as through continuous building of technical skills and knowledge through e-learning and other innovative platforms.

(5) Continue strengthening procurement and supply chain mechanisms and quality control for uninterrupted health logistics supplies.

(6) Use innovative, evidence-based and newer technologies and methodologies to reach communities, including vulnerable population groups.

**Actions by WHO**

(1) Continue guiding and facilitating the assessment of essential health services delivery and functioning of public health programmes in the context of the COVID-19 pandemic and other emergencies.

(2) Continue providing technical guidance for restoration and maintenance of essential health services and public health programmes in the context of the ongoing COVID-19 pandemic.

(3) Promote operational research around health service delivery and public health programmes with the aim of curbing the transmission of the COVID-19 pandemic and for the development of context-specific policies and strategies, relevant and useful for Member States.

(4) Provide technical assistance to Member States on planning and monitoring of essential health services to inform policy and systemic response.

This Working Paper and the recommendations of the HLP Meeting are submitted to the Seventy-third Session of the WHO Regional Committee for South-East Asia for its consideration and decision.
Background

1. Health systems around the world are being challenged in an unprecedented manner by the ongoing COVID-19 pandemic, and Member States of the WHO South-East Asia Region are no exception. Essential health services and public health programmes have been affected to a greater or lesser extent in almost every country. The focus of health systems has almost entirely been diverted to COVID-19 preparedness and response, repurposing the health workforce as well as other resources.

2. Countries in the Region that struggle to cope with delivering essential health services even in routine times due to the high caseload of different diseases and their disease burden are now facing an unavoidable and unprecedentedly difficult situation with unprepared/underprepared medical and public health infrastructure, inadequate health workforce, and shortage of personal protective equipment for health-care workers, ventilators for critical care patients and even supplies of essential medicines and disinfectants for public health measures.¹

3. The slowdown in economies is felt in almost every sector, and the health sector is also increasingly feeling the challenges. According to estimates by the World Bank, the global gross domestic product (GDP) is expected to contract by 5.2 per cent in 2020, signifying the deepest global recession experienced since the Second World War.² Decreasing government revenues and increasing expenditures has not been conducive to maintaining essential health services with the resources available, part of which had been already diverted for surge and expansion of COVID-19-related services, social assistance programmes and fiscal stimulus packages.

4. Essential health services and public health programmes are designed based on the needs and priorities of the population in different contextual realities within a country. Examples include, prevention, control and curative services for communicable and noncommunicable diseases; life-course-based services such as family planning; and mother-and-child health services including Expanded Programme of Immunization (EPI); and the like. WHO headquarters has provided operational guidance on maintaining essential health services in the context of the COVID-19 pandemic.³

Disruption in essential health services

5. The Immunization and Vaccine Development (IVD) Programme at the Regional Office conducted a rapid situation assessment on the effects of COVID-19 on EPI. The supplementary polio immunization campaigns and the measles, mumps, rubella (MMR) vaccination drives had been suspended in the Region. Access of pregnant women to antenatal check-ups, delivery and post-natal care, and of children to diarrhoea and pneumonia treatment and routine immunization services, were affected during the series of lockdowns implemented during the months of March to May 2020 in several countries of the Region despite exemptions being granted for movement for health reasons and for health-care workers.

6. Restrictions on the movement of people as part of the efforts towards slowing down the spread of the COVID-19 disease and to decongest public places of gathering compromised the continuous and unhindered access to treatment of chronic health conditions. Spread of fear, misinformation and stigmatization of patients affected by the COVID-19 disease also negatively affected people’s health-care seeking behaviour.

7. The curfew-like situations and closing down of all the points-of-entry in most countries compromised the logistic supply chain system for essential medicines. This negatively affected the provision of essential health services.

8. High risk of transmission of COVID-19 to health-care workers in the absence of proper and adequate infection prevention control (IPC) measures at the health facility level also proved a formidable challenge to the provisioning of care in COVID-19-specific hospitals and care centres. This, in turn, resulted in repurposing of available human resources and diverting these away from essential health services such as mother, newborn and child health care, family planning, immunization, casualty and trauma care, blood dyscrasias care, cancer treatment, HIV/AIDS and TB prevention and control services and mental health and psychosocial services, especially for adolescents and young people. For example, in Indonesia, tuberculosis case notification declined by 60% in the first quarter of 2020. Increase in treatment failure and loss to follow-up for TB patients on treatment enhances the risk of developing multidrug resistance to TB.

9. Increased demands placed on health systems and service delivery for clinical care of the rapidly increasing number of COVID-19 patients in the Region has overwhelmed systems to a point of breaking up; and countries have been compelled to reprioritize and make difficult decisions on meeting these demands through shutting down almost entire economies, suspending routine health services delivery, and putting national public health programmes including immunization campaigns on hold till emergency procurements and other necessary arrangements (such as makeshift hospitals, COVID-19 beds in railway coaches, enforcing quarantine measures on ships) were made. This has been hard on those seeking health care, especially the most vulnerable population groups such as women, children, adolescents and the elderly, and those in fragile and conflict-affected settings (for example, the Rohingya refugees settled in camps in Cox’s Bazar, Bangladesh).

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6 Country Priorities updates and key asks from Member States. New Delhi: World Health Organization, Regional Office for South-East Asia. (Internal Document)
7 COVID-19 Weekly regional updates. New Delhi: World Health Organization, Regional Office for South-East Asia. (Internal documents)
Restoring and maintaining essential health services and programmes

10. WHO in March 2020 issued guidance on maintaining essential health services during outbreaks. Section 2 of this guidance document lists seven categories of such services. With further evaluation of the pandemic, WHO further revised this guidance in June 2020 to assist in planning the provision of essential health services in a more comprehensive manner.

11. The Department of Health Systems & Life-Course (HSD) at the Regional Office of WHO South-East Asia supported work on developing forecasting tools for workforce assessment. It supported Member States to conduct realistic assessments of workforce and health logistics requirements based on the stage of disease transmission.

12. With COVID-19 affecting the global health supply chain in an unprecedented manner, WHO also developed a COVID-19 Supply Portal, which is a purpose-built tool to facilitate national authorities and all implementing partners supporting COVID-19 national action plans to request and track critical supplies.

13. People’s right of access to continuity of treatment and services for chronic health conditions, including psychosocial support and mental health counselling, has been advocated and facilitated through various coordination calls with the staff of ministries of health (MoH) and WHO country offices in the South-East Asia Region. It was further promoted through constantly engaging them in frequent webinars.

14. WHO guidance on maintaining essential health services and systems was disseminated frequently to Member States through various coordination calls, social media, emails to focal points in the WHO country offices and MoHs, and through the Regional Knowledge Network of National IHR Focal Points and domain experts. In collaboration with H6 partners (UNFPA, UNICEF, UN Women, WHO, UNAIDS and the World Bank Group), global and regional operational guidance for continuing good-quality and equitable sexual health and RMNCAH services was provided to Member States.

15. Guidance was also provided on maintaining blood supplies and ensuring blood safety and quality control for plasma therapy intervention in COVID-19 patients, and in other conditions needing surgical interventions. In addition, guidance was provided on removing financial barriers to access by suspending user fees where these applied and funding the response adequately, through reprioritization and reprogramming of existing budgetary resources, introducing flexible and timely mechanisms to enable fund transfers, and spending while ensuring reporting and accountability.

16. The South-East Asian Regulatory Network (SEARN) has been providing regulatory and related updates on the COVID-19 disease – on therapeutics, vaccines, in vitro diagnostics and on PPE/diagnostic kits/devices – to all 11 regulatory agencies in the Region.

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Challenges

17. The uncertain and dynamic situation of the ongoing COVID-19 pandemic, its implications and the obvious pressure on the maintenance of essential health services and public health programmes, remain the main challenges. This may get complicated further with potential recurring waves of the pandemic in the future.

18. Both the rapid spread of and evolving knowledge about this novel coronavirus and its clinical manifestations have not made it easy either for the Member States or for the WHO offices to alleviate apprehensions, fear and stigmatization among communities and to implement control and prevention measures.

19. The varied, and subnational-to-zone-level, movement restrictions that are being imposed, revised as well as re-imposed in some instances continue to affect the health care-seeking behaviour of the people as well as the movement of critical health logistic supplies that are required for health-care service provision.

20. Rumors, fake news, misinformation and stigmatization of COVID-19 patients and their families continue to negatively impact the health-seeking behaviours of people. Patients with chronic health conditions and disabilities either missed routine consultations with their attending doctors or were lost to follow-up by field health workers.

21. Unregulated prices of various essential health services in private health-care facilities is likely to lead to an increase in out-of-pocket expenditure and exacerbate financial hardship even further in a Region where domestic public spending is generally low and out-of-pocket spending is the dominant source of financing (more than 50% as a share of current health expenditure in as many as five countries).\(^\text{12}\)

22. Inadequate investments in health systems strengthening by Member States, despite global guidance through the Sendai Framework for Disaster Risk Reduction (2015–2030) and the Sustainable Development Goals 2030\(^\text{13}\) (SDG 3, SDG 10, SDG 11), have proved to be an impeding factor in the rapid response to COVID-19 as well as in ensuring continuity of essential health services at the same time.

The way forward

23. Adjusting governance and coordination mechanisms to support action in a timely manner through coordination and communication among the incident managers, programme managers, and public and private sector providers, is critical. Continuous monitoring of the delivery of essential services through this mechanism and providing timely information for decision-makers, both technical and financial, is much needed. An extended list of sample indicators for monitoring essential health services during the COVID-19 pandemic is available.\(^\text{8}\) Indicators should be drawn for existing ones routinely reported and disaggregated, if possible (e.g. by age and sex), to aid in addressing vulnerable, underserved and poor populations.

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24. Prioritizing essential health services and adapting to changing contexts and needs would be important to minimize the pressure on health systems and to prevent their collapse. Systems should plan for progressive reduction as well as restoration of services as the pressure on the health system surges and recedes. At all times, focus must remain on maintaining fully functional primary health care services.

25. Optimization of service delivery settings though functional mapping of systems and resources while using available digital technology such as telehealth to innovate service delivery pathways could benefit further expansion. It can open new ways of connecting with the beneficiary populations, easing their access to treatment and care services, contact tracing and cohort follow-up, etc.

26. Making timely, clear and appropriate information available to households and communities on the importance of continuous utilization of essential care (other than COVID-19) should also improve the uptake of essential health services. Strengthening communication strategies to tackle misinformation among the public to support the appropriate use of essential services needs attention.

27. Under the ongoing risk of spread of COVID-19 disease, establishing safe and effective patient flow at all levels for both COVID-19 and non-COVID-19 patients ensuring physical distancing norms and strict infection prevention and control in health facilities must be adhered to. However, these measures should be implemented in such a manner that they do not discourage or impede people from seeking health-care services (e.g. no long waiting hours in front of clinical consultation rooms).

28. Quality and uninterrupted supplies become critical in maintaining any health service within health facilities. It is, therefore, important to strengthen procurement, quality control and supply chain mechanisms so that uninterrupted availability of essential medications, equipment and supplies that would be needed at different facilities is ensured.

29. Optimizing health workforce capacity though redistribution, repurposing and recruitment, ensuring the protection and safety of health workers, as well as continuing to build capacity using eLearning platforms becomes important since the health workforce is the backbone of any system.

30. Systematic incorporation of a gender lens to filter health-care initiatives can improve the understanding of issues such as risks, exposure, biological susceptibility and socioeconomic vulnerability to disease, barriers related to testing, prevention and treatment, and success of the response and recovery from the gender perspective. **WHO’s Gender and Covid-19 advocacy brief** recommends the following six key actions, namely: (i) collect and analyse COVID-related data on a sex- and age-disaggregated basis at a minimum; (ii) prevent and respond effectively to violence against women, which has spiked during the pandemic; (iii) ensure availability and access to sexual and reproductive health services; (iv) protect and support health workers, approximately 70% of whom are women; (v) ensure equitable access to testing and treatment for COVID-19 and social protection services; and (vi) ensure responses are both inclusive and non-discriminatory.

31. Fostering collaborations and partnerships with private sector stakeholders and civil society organizations is needed to maximize the effectiveness and efficiency of the response, as well as to maintain essential health services. A whole-of-society approach needs to be adopted for effective and efficient service delivery at all levels of care.

32. Member States can also involve the traditional medicines system to strengthen access to essential health services at the primary health care level for enhancing coverage and reducing the burden at secondary and tertiary health-care levels. They could also be mainstreamed in the health-care delivery system for health promotion, disease prevention and management in accordance with country legislation and circumstances.

33. The COVID-19 crisis has exacerbated the vulnerability of the least protected in society and, hence, ethical principles and human rights should be considered and incorporated in all stages of planning. In a crisis, everyone, regardless of their social or economic status, should have access to the health care they need without discrimination. Special interventions must be targeted for identified vulnerable populations, including people living in urban slums, the homeless, migrant workers, refugees and internally displaced persons as well as people in detention and prisons.

34. Self-sufficiency at each level of the health-care delivery system in maintaining essential health services in any disaster or health emergency can be achieved only through sufficient investment of funding and other resources, thus removing financial barriers to access and continuity of services. The ongoing COVID-19 pandemic situation has been a population-level demonstration that attests to this fact that has already caught the attention of all national governments in the Region.

Conclusions

35. Uncertainties over the further progression and possible waning of the COVID-19 pandemic, and the “when” and “how” thereof, provide an opportunity for Member States, WHO and the implementing partners to protect, facilitate and maintain the continuity of essential health services along with focused and persistent efforts in curbing the pandemic. In fact, the current situation has uncovered areas needing improvement in the health sector and this has caught the attention of policy formulators, decision-makers and the implementing workforce, and reiterated the fact that health and well-being cannot be ignored and dealt in isolation from other sectors. Health is interwoven with all developmental sectors. Its promotion, protection and maintenance through investing adequate domestic and international funding in building resilient health systems and service delivery is of utmost importance and immense priority in the context of the ongoing COVID-19 pandemic.