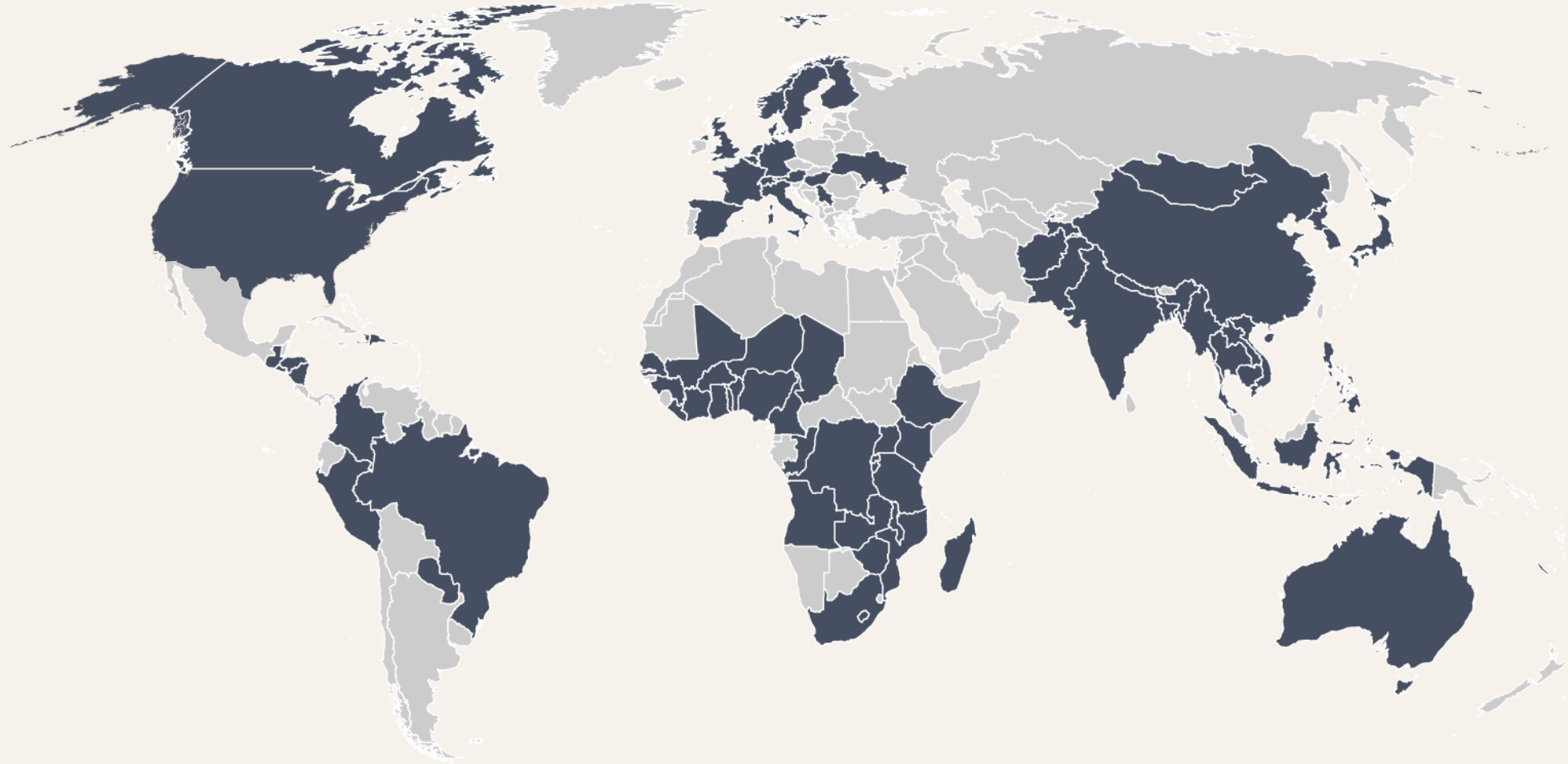# COVID-19 Essential Health Services Policy Tracker

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PATH is a global NGO of 1,500+ innovators working in 70+ countries to eliminate health inequities

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COVID-19 has disrupted the delivery of essential health services

- Routine data collection has revealed interruptions in the delivery of essential health services

- Reasons for disruption include both supply and demand side factors

- Maintenance of essential health services is critical to absorb and adapt to the shock

"We also lost many people especially children because of anemia and severe malaria and this was because of curfew that limited people from accessing the facility in time."

- Midwife, Uganda

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COVID-19 Policy Tracker objective

To **collect, catalogue, and synthesize** government policy responses and other relevant information related to **maintaining and adapting essential health services** during COVID-19, to enable users to make more informed decisions.

The Policy Tracker catalogues 198 policies across 115 health services

| POLICY REVIEW | 119 countdown countries | 115 essential health services | 5 focus countries *briefs forthcoming* |

198 documents reviewed including national and sub-national policies, guidelines, operational guidance, and strategic plans.

Policy documents sourced from local Ministries of Health, UNICEF, PMNCH, GFF, and implementing partners.

Program activity: **ANC** policies as of **August 2020**

Policy status
- Recommends continuing health services with additional adaptations (telehealth, etc)
- Recommends continuing health services with Infection Prevention Control (IPC)
- Does not mention health service
- No policies reviewed

! An exclamation point indicates multiple policies with variable guidance. Countries are colored according to the *most supportive* policy coded.

User controls ?

Health area

Maternal and newborn ▼

Program activity

ANC ▼

Include draft policies?
- ● Yes
- ○ No

Date

August 2020

○ < >

Want more guidance on maintaining essential health services?
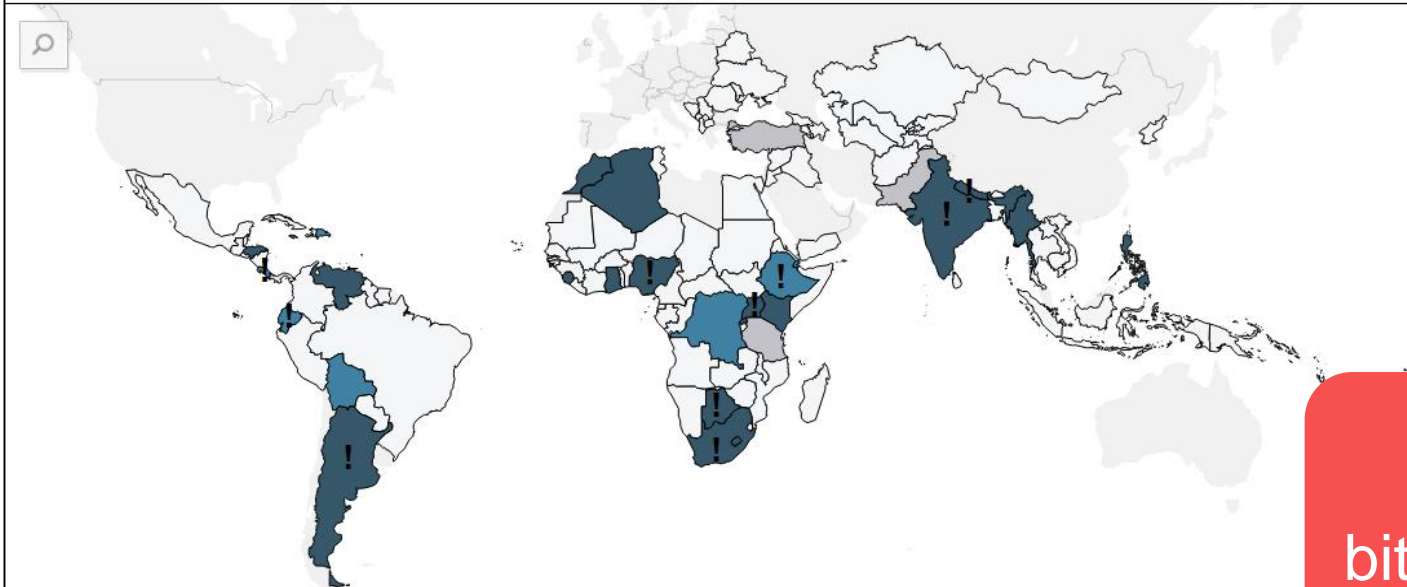
© 2020 Mapbox © OpenStreetMap

Available at:
bit.ly/COVIDpolicies

Policy development to support the maintenance of essential health services happened early and quickly
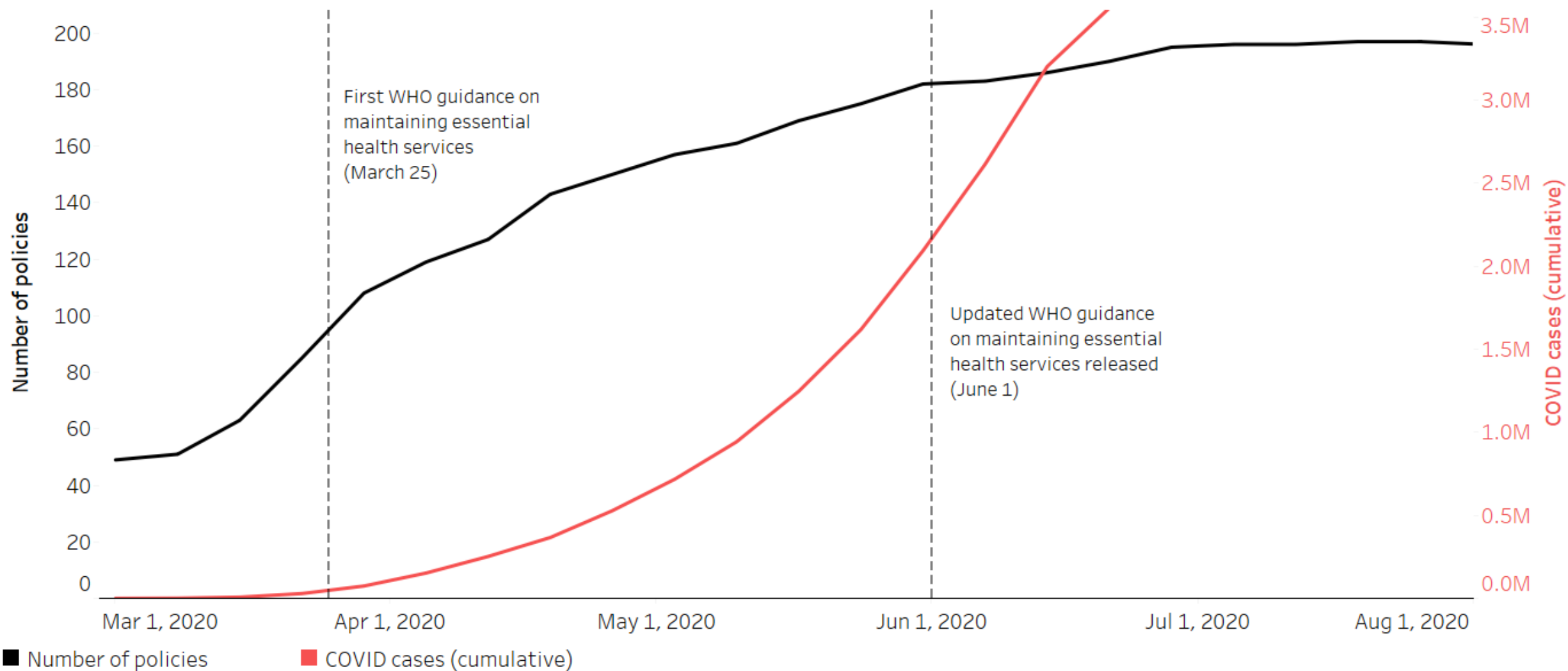
The majority of policies reviewed recommend continuing or adapting essential health services

Recommendation	Percent (n) of policies with at least one recommendation
Adapting the delivery of an essential health service to ensure continued provision	59% (n = 116)
Continuing, with infection prevention control (IPC) measures, an essential health service	58% (n = 114)
Pausing or suspending an essential health service	11% (n = 21)
Total number of policies	198

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A taxonomy of service delivery adaptations observed

Appointment scheduling

Integration at point of care

Telehealth consultations

Prioritize high-risk patients

Multi-month prescribing

Alternative treatment

Extended service hours

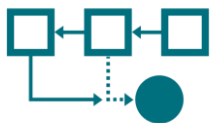Task shifting to lower-level care

Self-care by patients

Intensified outreach

Commodity delivery

Presumptive treatment

Patient intake configuration

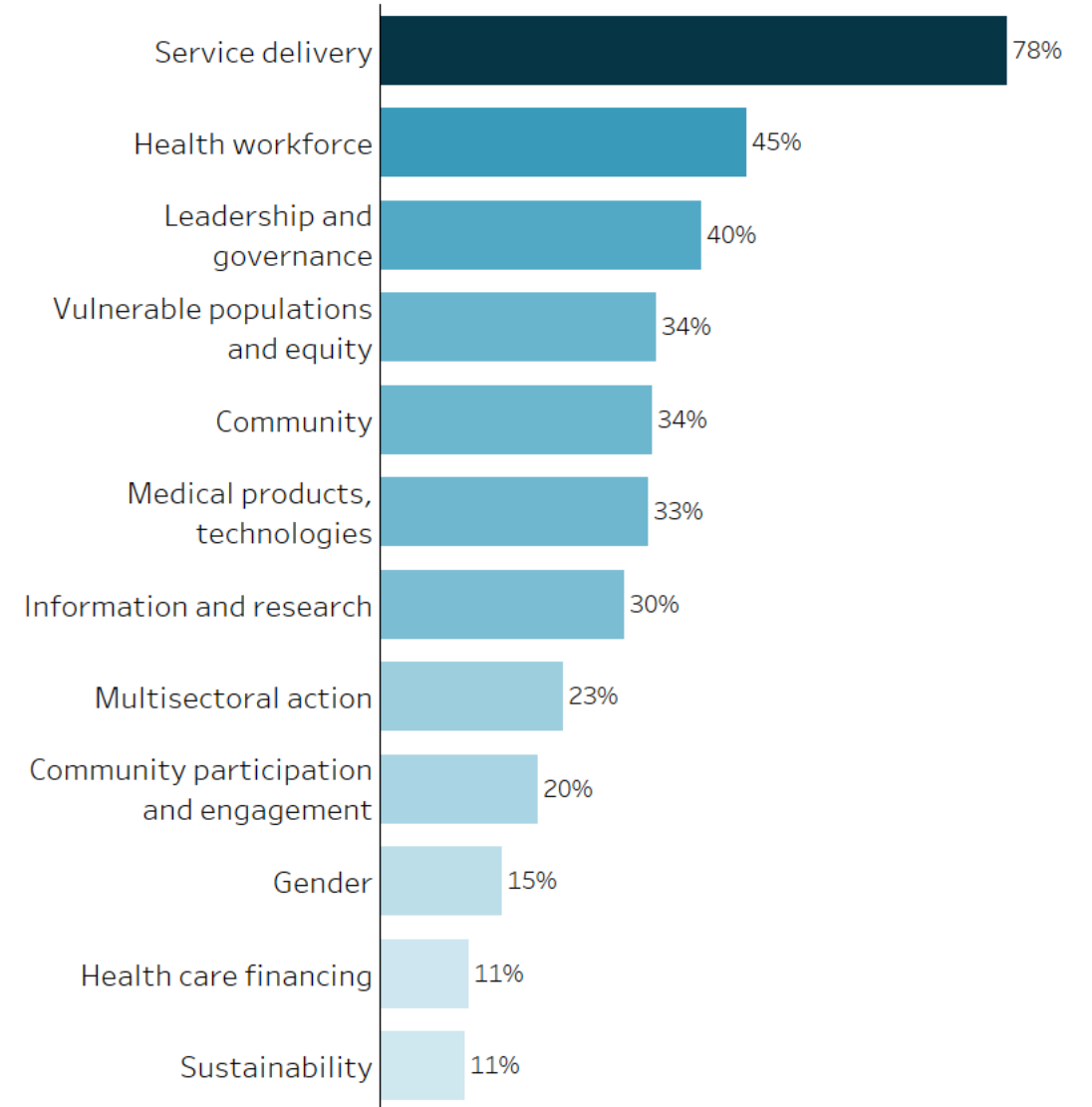Home-based visits

Designated COVID facilities

Planning for lost progress

Most policies focus on service delivery, but do not address operational needs, such as financing

Number of policies mentioning cross-cutting building blocks

Service delivery	78%
Health workforce	45%
Leadership and governance	40%
Vulnerable populations and equity	34%
Community	34%
Medical products, technologies	33%
Information and research	30%
Multisectoral action	23%
Community participation and engagement	20%
Gender	15%
Health care financing	11%
Sustainability	11%

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Telehealth: a case study

What is recommended:

ANC counseling using telehealth

WHO guidance — Use telehealth consultations for counseling and screening when possible to reduce face-to-face contacts

Example: Kenya — Advise 4 face-to-face visits, supplemented by 4 virtual visits

Example: Burkina Faso — If the facility is closed due to COVID, the ANC package can be offered remotely (phone, WhatsApp)
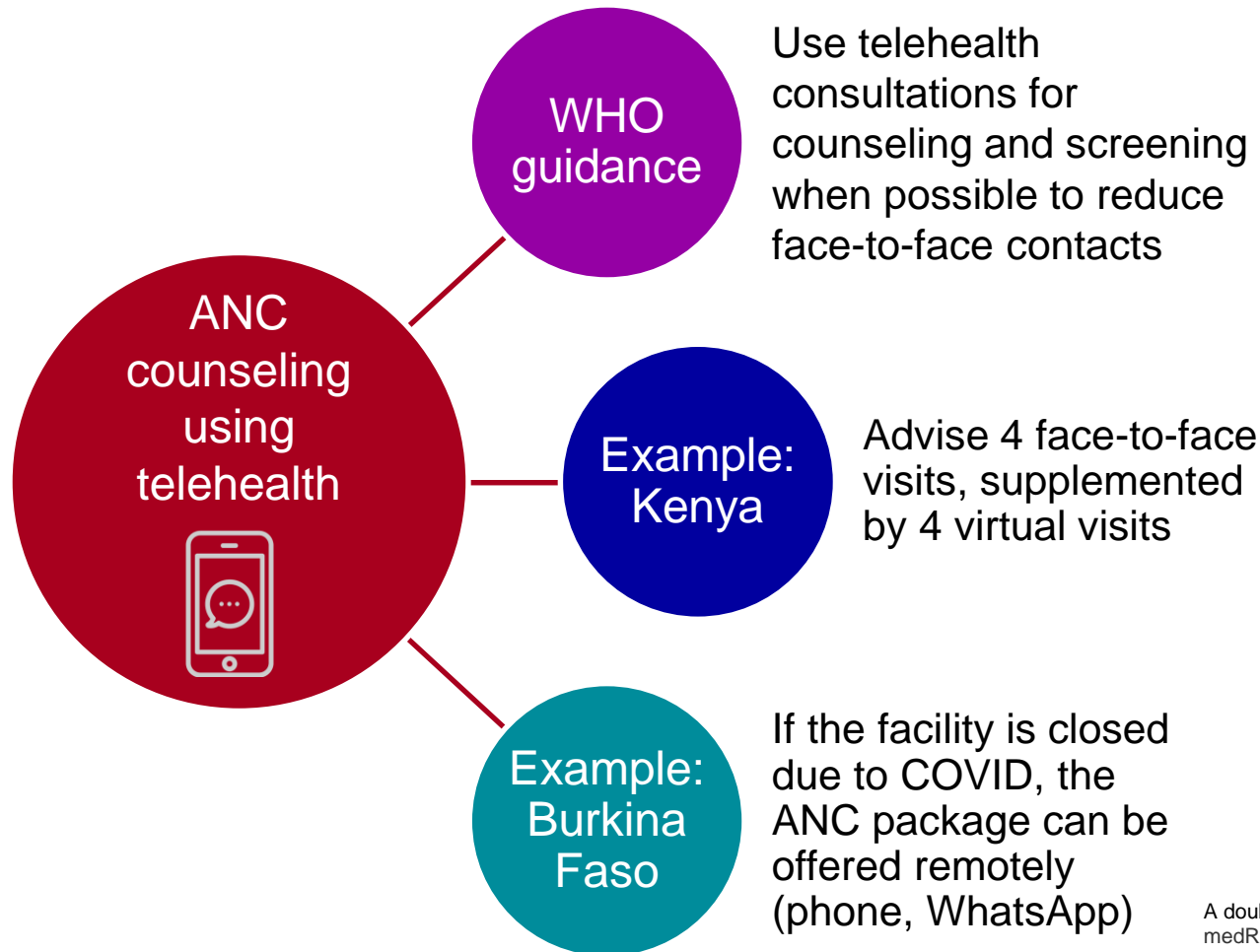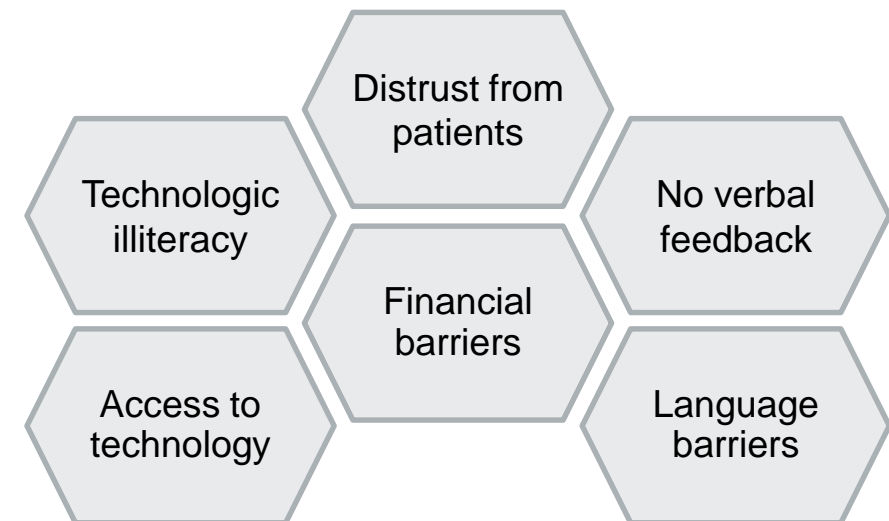
What is happening:

A minority of providers report introducing telemedicine since the pandemic:

LIC: **1%** newly using telehealth; **23%** previously

MIC: **16%** newly using telehealth; **48%** previously

Technologic illiteracy

Distrust from patients

No verbal feedback

Financial barriers

Access to technology

Language barriers

Lessons learned

- Initial policy development acted rapidly to absorb and adapt to COVID shocks

- The policies contain adaptations which build towards longer-term transformation

- However, to better prepare for future shocks, continue responding to COVID shocks, and enable transformation, further work is needed:

  o Rapidly evaluate to identify effective and feasible adaptations

  o Operationalize and implement policies at the lowest level

  o Sustain and institutionalize adaptations for long-run transformation

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Available at:

bit.ly/COVIDpolicies