

## THE ROLE OF COUNTRY PLATFORMS IN MAINTAINING ESSENTIAL SERVICES AND DELIVERING ON THE INVESTMENT CASE IN THE TIME OF COVID-19

### INTRODUCTION

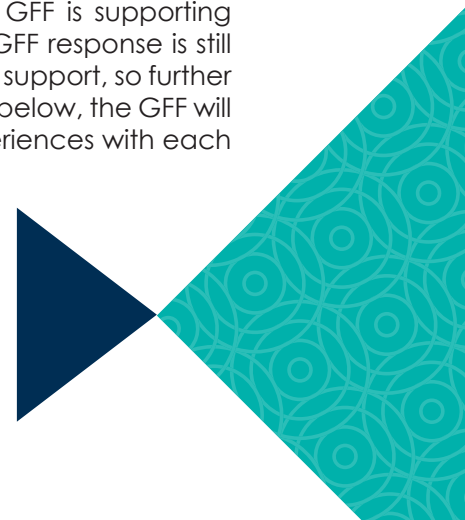
The COVID-19 pandemic has swept the globe, rapidly becoming a major public health crisis. The response to the novel coronavirus must be equally swift, but at the same time it is important not to lose sight of the importance of maintaining the services that are essential for the health and nutrition of women, children, and adolescents.

The Investment Case developed by the country platform sets out a vision for improving the lives of women, children, and adolescents. COVID-19 poses a dire threat to achievement of that vision.

The experience of the Ebola outbreak in 2014-15 and other crises have taught us that both the supply and demand for health services are likely to be impacted by COVID-19. New estimates by researchers based at the Johns Hopkins Bloomberg School of Public Health suggest that, under a scenario in which COVID-19 produces similar disruptions to what was seen in West Africa during the Ebola outbreak, these disruptions would result in the deaths of an additional 1.2 million children and 57,000 mothers from non-COVID-19 causes over just the next six months. The GFF has prepared brief notes that describe the potential impacts in each country, which are being distributed alongside this note.

These terrible scenarios can be avoided—but only if swift action is taken to maintain essential services for women, children, and adolescents. The country platform has a vital role to play in addressing this, in conjunction with the dedicated coordination structures that many countries have set up for COVID-19. This note sets out a series of questions for the country platform to consider as it adjusts implementation of the Investment Case in light of COVID-19. The note builds on work by partners such as the World Health Organization, UNICEF, UNFPA, Gavi, and the Global Fund.

The note also highlights ways that the GFF can support countries. The GFF Investors Group and the Trust Fund Committee (the two governance bodies for the GFF) have recently affirmed that the role of the GFF is primarily on supporting countries to maintain essential services. The GFF will not be playing a lead role in financing COVID-19 responses (for which the World Bank Group and other partners are making significant financing available), although in some cases GFF resources may be used to support these broader responses. Details about the specific ways that the GFF is supporting countries to maintain essential services are included below but the GFF response is still evolving as countries indicate the areas around which they would like support, so further details will be communicated shortly. In addition to the specific areas below, the GFF will also convene regular webinars so that countries can share their experiences with each other.





# 1. PLANNING AND COORDINATION

Most countries have set up dedicated COVID-19 planning and coordination structures, but that does not mean that the country platform does not have a role to play in these areas. In most countries, the disruptions caused by COVID-19 will require revisiting key aspects of the Investment Case to ensure that it is still possible to deliver key services for women, children and adolescents. This may be addressed in the national COVID-19 plan, but a rapid survey of countries supported by the GFF highlighted the fact that the plans developed by most countries do not address how to maintain essential services.

If plans are not in place to maintain essential services, country platforms are well-positioned to play leading roles in the development of dedicated plans that focus on this (as some countries have already done). These plans should address issues such as modifying the delivery of key services—including family planning, antenatal care, deliveries, and immunizations—to enable them to be provided in light of disruptions from COVID-19 (e.g., changes to clinical protocols, task-shifting, use of the private sector); ensuring that health workers are available to provide essential services; monitoring the impact of COVID-19 on essential services; and providing up to date information and targeted social and behavior change communications to key audiences (e.g., pregnant women, parents, adolescents) about the availability of essential services and how they can be safely accessed.

## KEY QUESTIONS FOR THE COUNTRY PLATFORM TO REFLECT AND ACT ON:

- Does the national plan for COVID-19 comprehensively address how to maintain essential services for women, children, and adolescents in light of COVID-19? Or is there a dedicated plan to maintain essential services? If not, is there a coordinating structure that is responsible for preparing such a plan or should the country platform (or a technical working group of it) play that role?
- Is there a dedicated focal point responsible for maintaining essential services in the national COVID-19 coordination structure? If not, can additional participants be included in the COVID-19 coordination mechanisms to ensure that the needs of women, children, and adolescents are addressed?
- The disruption caused by COVID-19 may make it impossible to complete all of the actions set out in the Investment Case, so has the country platform met to consider the implications and, if necessary, to prioritize among the actions set out in the Investment Case?

## AREAS THAT THE GFF CAN SUPPORT:

- *GFF Liaison Officers can provide support around coordination, such as connecting country platforms and COVID-19 coordination mechanisms.*
- *In the event that it is necessary to develop a plan to maintain essential services, financing from the GFF Trust Fund can be used for doing so.*



## 2. KEEPING HEALTH WORKERS SAFE AND MOTIVATED

The frontline workers—both at health facilities and in communities, and both public and private providers—who are addressing COVID-19 are typically the same workers who provide essential services for women, children, and adolescents. That means that protecting all health workers from infection and ensuring that they have the support to be at work consistently is critical. Issues such as providing personal protective equipment, training, offering hazard pay for health workers, and hiring temporary health workers are typically being addressed by national COVID-19 coordination mechanisms, but given the importance of this for maintaining essential services, it is important that these are not overlooked.

Even with this, COVID-19 may cause (or exacerbate) shortages in the health workforce. In some countries, it will be necessary to take steps such as shifting some tasks to other cadres (e.g., community health workers [CHWs], administrative staff in facilities who can be trained to help with basic tasks to free up the time of medical personnel) or temporarily augmenting the health workforce such as by bringing back retirees, by shifting health workers who are regularly employed in administrative roles into clinical services, and/or by shifting health workers from less affected parts of a country to more affected areas. In these situations, it will be important to rapidly train these health workers to ensure that they are prepared to provide quality care.

### KEY QUESTIONS FOR THE COUNTRY PLATFORM TO REFLECT AND ACT ON:

- Do health workers at facilities (public and private) have adequate personal protective equipment and do CHWs/other health workers outside of facilities have adequate personal protective equipment or have they received information about steps that they should take to avoid infection and transmission (e.g., wearing cloth face coverings)? If not, are efforts underway to address shortages or is there a role for the country platform in assisting with this?
- Have plans been developed to address potential shortages in the health workforce (e.g., task-shifting, bringing back retirees, hiring temporary workers, shifting health workers from less to more affected areas)? If so, is adequate training being provided to ensure that they will provide quality care? Are the contracts being structured in a way that ministries can maintain sustainable levels of workers once the acute need for COVID-19 has passed?
- Have plans/protocols been developed for how health workers should prioritize and structure teams to avoid infection risks for non-COVID-19 patients?

### AREAS THAT THE GFF CAN SUPPORT:

- *The GFF is collaborating with the International Finance Corporation around the production of personal protective equipment in Africa and will provide additional information about this as soon as it is available.*
- *If technical assistance or financing is needed to develop plans to protect health workers, please contact the GFF Secretariat to discuss.*
- *If financing is required for large-scale training of health workers, it may be possible to use dedicated IDA/IBRD COVID-19 and/or IDA/IBRD/GFF Trust Fund financing for Investment Cases for this.*



### 3. MODIFYING HOW ESSENTIAL SERVICES ARE DELIVERED

The way that services are delivered can have a major impact on the extent to which COVID-19 results in disruptions to both the supply and demand for essential services—disruptions that could make it impossible to deliver on Investment Case targets.

For example, if health facilities do not take steps to prevent nosocomial transmission, facilities may end up accelerating the spread of the novel coronavirus. This would lead to women, children, and adolescents fearing getting infected at health facilities and so cause demand for essential services to drop sharply. Countries should rapidly take steps to ensure that every health facility introduces measures to identify possible COVID-19 cases (ideally at the entrance to facilities, before they are seated in waiting rooms with other patients) and have a separate patient flow for them (e.g., separate waiting rooms, dedicated wings of larger facilities, dedicated facilities), and provide and mandate the wearing of face coverings for everyone in a facility.

There are also steps that should be taken to change service delivery approaches to minimize the need for in-person attendance at health facilities, such as scaling up telemedicine or digital health services (e.g., call centers, SMS/WhatsApp/IVR services) for key interventions in the Investment Case and changing clinical protocols and/or dispensing practices (e.g., to enable home administration of certain medicines, to dispense larger quantities of medicines). In some countries, the private sector will be a key part of the solution, either by focusing on essential services as public facilities handle a surge of COVID-19 cases or by being contracted to manage COVID-19 cases so that public facilities do not get overwhelmed. Ensuring coordination (including dissemination of protocols and data collection) and addressing quality of care among these providers (such as by directing women, children, and adolescents to providers that are accredited or part of franchise networks that include quality controls) are both important.

Countries should also investigate steps that shift patient contact from higher- to lower-risk settings or providers. If CHWs are adequately trained and have been provided with protective equipment, some services (e.g., some antenatal and postnatal care) can be shifted from facility- to community-provision. In some countries, essential services may have been provided in settings that are no longer feasible because of COVID-19 (e.g., school-based health services, mass vaccine campaigns), which requires identifying lower-risk settings in which these services can be provided. Another option for some essential services is to relook at service delivery across a geographical area (e.g., a district) to create hubs that concentrate key services such as deliveries in a small number of facilities.

#### **AREAS THAT THE GFF CAN SUPPORT:**

- *The GFF is developing mechanisms to support countries in modifying service delivery approaches, so countries that are interested in support in this area should contact the GFF Secretariat.*

#### **KEY QUESTIONS FOR THE COUNTRY PLATFORM TO REFLECT AND ACT ON:**

- Have health facilities taken steps to prevent nosocomial transmission of SARS-CoV-2 (e.g., segregating patient flow)?
- Have steps been taken to minimize the need for women, children, and adolescents attend attendance at health facilities in-person (e.g., scaling up digital health services, changing clinical protocols)?
- Have steps been taken to harness the capacity of private providers to maintain essential services (e.g., using accredited private providers either to manage COVID-19 cases and thereby free up capacity in overstretched public facilities or to play a larger role in providing essential services)?
- Have steps been taken to shift patient contact from higher- to lower-risk settings or providers (e.g., by shifting some services to CHWs who are trained and have been provided with protective equipment)?



## 4. ENSURING THE AVAILABILITY OF KEY MEDICINES, EQUIPMENT, AND SUPPLIES

COVID-19 has highlighted gaps in the provision of commodities such as personal protective equipment, oxygen, and ventilators. Considerable efforts are underway to support countries in the procurement of these items, including by WHO, UNICEF, and WFP, and with financing from the World Bank Group.

As countries ramp up procurement to address COVID-19, they should ensure that key equipment and supplies will be made available for the benefit of all patients and not only those with COVID-19 (e.g., improved water and sanitation should be a priority for all facilities). A key area for procurement is oxygen delivery systems, as a majority of hospitalized COVID-19 patients can be successfully managed with oxygen therapy. These systems are also useful for a variety of other services, such as treatment of children pneumonia. That means that ensuring every treatment facility has sufficient high-pressure oxygen availability should be a priority before procuring more advanced equipment.

At the same time, COVID-19 is causing disruptions in global supply chains for products that are essential for the delivery of key interventions in the Investment Case, both because many are manufactured in countries that have been significantly impacted by COVID-19 such as China and India and because international shipping and trade have been disrupted by the pandemic and measures to stop it. Considerable concerns have been raised about the availability of family planning products, but other key RMNCAH-N products and essential medicines are also vulnerable.

Additionally, it is important for countries to recognize that COVID-19 may lead to changes in demand for some key commodities, such as increased preferences for family planning methods that can be purchased without needing to visit a health facility (e.g., birth control pills) over others that require a procedure in a facility (e.g., IUDs). COVID-19 may also impact the availability in private pharmacies—which many women, children, and adolescents rely on for key commodities—because of lockdowns disrupting distribution of products, reduced household expenditures causing drops in demand, and problems with liquidity/cash flow (e.g., because of shortages of financing from banks).

### AREAS THAT THE GFF CAN SUPPORT:

- *If technical assistance or financing is needed to develop plans to ensure the availability of key commodities for essential services, please contact the GFF Secretariat to discuss.*
- *The GFF is working with a range of partners at the global level to assess the impact of COVID-19 on key RMNCAH-N commodities and so any information about shortages that countries can provide would help shape the global response.*
- *As noted above, the GFF is collaborating with the International Finance Corporation around the production of personal protective equipment in Africa and will provide additional information about this as soon as it is available.*

### KEY QUESTIONS FOR THE COUNTRY PLATFORM TO REFLECT AND ACT ON:

- As the country procures equipment and supplies to address COVID-19, is it ensuring that basic oxygen delivery systems and essential commodities are being prioritized?
- Does the country have adequate stockpiles of key commodities required to deliver the interventions in the Investment Case and ensure the safe delivery of services (for both patients and health workers)?
- Has an analysis been conducted of which products are particularly vulnerable to disruptions as a result of COVID-19 (e.g., medicines that are imported) and which may experience fluctuations in demand, and what steps need to be taken to address these vulnerabilities (e.g., attempting to increase stockpiles to cope with potential disruptions, diversifying suppliers, examining local production)?
- Are there any solutions that can support private pharmacies to continue to operate (e.g., ensuring that pharmaceutical distribution is considered an essential service and not subject to lockdowns, including private pharmacies in economic support packages being prepared in many countries)?





## 5. UNDERSTANDING AND ADDRESSING CONCERNS OF WOMEN, CHILDREN, AND ADOLESCENTS

The preceding sections of this note have focused on the supply of essential services, but COVID-19 is also likely to have a significant impact on the demand for services. In Ebola and other outbreaks, fears of getting infected in health facilities drove large changes in demand for key services. Reports are already emerging of the same phenomenon occurring because of COVID-19.

The survey of countries supported by the GFF found that most have moved quickly to disseminate information about COVID-19 but that less than half are addressing issues related to RMNCAH-N. This is concerning because in the absence of accurate and complete information, rumors may spread rapidly and lead to sharp declines in demand for essential services.

To avoid steep drops in demand, countries should develop social and behavior change communications efforts to provide women, children, and adolescents with information about how COVID-19 impacts them and key events in the lifecycle (e.g., pregnancy, breastfeeding). As service delivery approaches are modified, they also need timely communications about how essential services will be delivered in the context of COVID-19 (e.g., which facilities are still offering non-COVID-19 care) and how they can stay safe while accessing services. These campaigns should be informed by research into the key concerns and questions of women, children, and adolescents.

It is also important to address how other consequences of COVID-19 may impact demand for essential services. For example, mobility restrictions may make it challenging for women, children, and adolescents to travel to health facilities for care (even if there is no prohibition on movement for these services, transportation options may be severely limited). The massive economic shock looks likely to push millions of people into poverty and will reduce resources available for both transport to facilities and the ability to pay for services.

### KEY QUESTIONS FOR THE COUNTRY PLATFORM TO REFLECT AND ACT ON:

- Are the specific needs of women, children, and adolescents being included in efforts to communicate about COVID-19 (e.g., mass media, apps)?
- Are messages being disseminated that explain to women, children, and adolescents how the delivery of essential services is changing due to COVID-19 and what steps they can take to stay safe while accessing services?
- For countries with user fees for essential services, are any steps being taken to assess the impact of these fees and adjust the fees accordingly?

### AREAS THAT THE GFF CAN SUPPORT:

- *The GFF is developing a mechanism to support countries around social and behavior change communications, so countries that are interested in support in this area should contact the GFF Secretariat.*



## 6. MONITORING THE IMPACT OF COVID-19 ON RMNCAH-N SERVICES

Countries are faced with an urgent need to track COVID-19 cases and the spread of the novel coronavirus. This is placing considerable stress on monitoring systems, as new reporting requirements are introduced at exactly the same time that health workers are under pressure from taking care of increasing numbers of patients and so having less time for administrative tasks, leading to delays in reporting and reducing the quality of data. Nearly half of countries responding to the rapid survey of countries supported by the GFF reporting that monitoring of RMNCAH-N indicators is being disrupted.

This is a very concerning development, because COVID-19 is very likely to disrupt activities in the Investment Case and without these data it will be more difficult for key stakeholders to adjust their plans and approaches so as to reduce the impact on RMNCAH-N goals. At this time of rapid upheaval, it is important that countries have in place mechanisms to review service delivery data (e.g., the type of data typically covered in a routine health management information system such as DHIS2) and use that to make decisions about adjusting programmatic approaches in order to maintain essential services.

It is also crucial to understand the impact of COVID-19 on women, children, and adolescents so that service delivery approaches can be modified and social and behavior change communications efforts can be appropriately tailored. The widespread availability of mobile phones means that it is now possible to gather considerable information even without in-person data collection.

### KEY QUESTIONS FOR THE COUNTRY PLATFORM TO REFLECT AND ACT ON:

- Is the country able to produce routine monitoring data for interventions in the Investment Case? If this has been disrupted, what steps can be taken to ensure the continued production of data?
- Are there rapid feedback mechanisms in place to identify disruptions to essential services caused by COVID-19 (e.g., comparing with historical trends, data about health workforce shortages) and then act upon that information to modify service delivery approaches and/or communicate with health workers or key populations?
- Is rapid research being conducted to understand the impact of COVID-19 on women, children, and adolescents? And is this information being used to inform service delivery approaches and behavior change communications?

### AREAS THAT THE GFF CAN SUPPORT:

- *If technical assistance or financing is needed to support efforts to monitor essential services and set up mechanisms to act rapidly on this information, please contact the GFF Secretariat to discuss.*



# 7. ADDRESSING HEALTH FINANCING CHALLENGES

COVID-19 has hit countries with both a health and an economic shock. Health care spending is rising while economies suffer from the impact of disease control measures and an impending global recession caused by the pandemic. In the longer term, development assistance for health may also be impacted. It is difficult to foresee the combined consequences of these factors, and there are limited historical analogies that can be drawn upon.

In the first phase of the pandemic response, the focus is on mobilizing both external and domestic resources to treat the critically ill and to contain transmission. National responses will be more effective if these resources are used in a coordinated way, which requires mapping of the resource needs for the COVID-19 response and tracking whether resources are efficiently spent. It is also important to consider how public financial management (PFM) systems can be adjusted to respond rapidly and flexibly to COVID-19 (which might include steps such as direct transfers to health facilities) while ensuring value for money and minimizing fraud and corruption.

In the second phase, as the economic impact increases, governments will need to focus on fiscal and monetary policies to prevent collapse while maintaining services and massively scaling up testing and contact tracing capacity. The third, post-crisis recovery phase will require a focus on reforms to improve both resilience and efficiency of the health financing system amidst a macroeconomic slowdown.

Existing health financing strategies and implementation plans will have to be adjusted to the new macroeconomic reality. Implementation of reforms to improve efficiency in the context of budgetary shortfalls will have to be accelerated. At the same time, it will be important to address actions that were taken to address the crisis but that might complicate efforts to finance universal health coverage (e.g., if resources have been shifted from primary care level to hospitals and intensive care).

## AREAS THAT THE GFF CAN SUPPORT:

- The GFF Secretariat is available to provide technical assistance on resource mapping and expenditure tracking (RMET). This can build on existing support with RMET tools or can include the development of new COVID-19-specific tools, in close collaboration with partners such as WHO.
- The World Bank, GFF, and the Joint Learning Network are establishing a collaborative platform geared towards policymakers and other health financing experts to facilitate policy response monitoring, access to the growing knowledge base, and rapid learning across countries.
- The GFF can provide additional technical assistance to identify economic impact (e.g., quick mobile phone-based surveys to monitor out of pocket payments, and revise budget projections and benefit packages), to develop policy solutions, and to support implementation of health financing reforms in the recovery phase.

## KEY QUESTIONS FOR THE COUNTRY PLATFORM TO REFLECT AND ACT ON:

- Can existing systems for mapping and tracking of resources related to the Investment Case be used for that purpose? If not, has a separate system been established for tracking COVID-19 resources?
- Are changes needed to public financial management systems in order to respond effectively to COVID-19 and maintain essential services, while minimizing misuse of funds?
- Has a mechanism been established to assess and regularly update the implications of COVID-19 on health financing, such as quantifying the increased expenditure required and revising budget projections considering different scenarios for revenue declines?
- What is needed to roll out policy choices to improve health financing and system performance (e.g., public-private collaboration, task-shifting, ramping up surveillance) and address steps during in the face of COVID-19 that complicate health financing solutions for universal health coverage?