Keeping Essential Services During COVID-19 Outbreak

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Poor Resilience

- Changes in Institutional Delivery, Sierra Leone

	Pre-Ebola (mean per facility)	During Ebola (mean)	Post-Ebola (Mean)
Deliveries	394	312	283
Caesarian Sections	112	88	89

Already very low levels of institutional delivery before Ebola Virus Outbreak
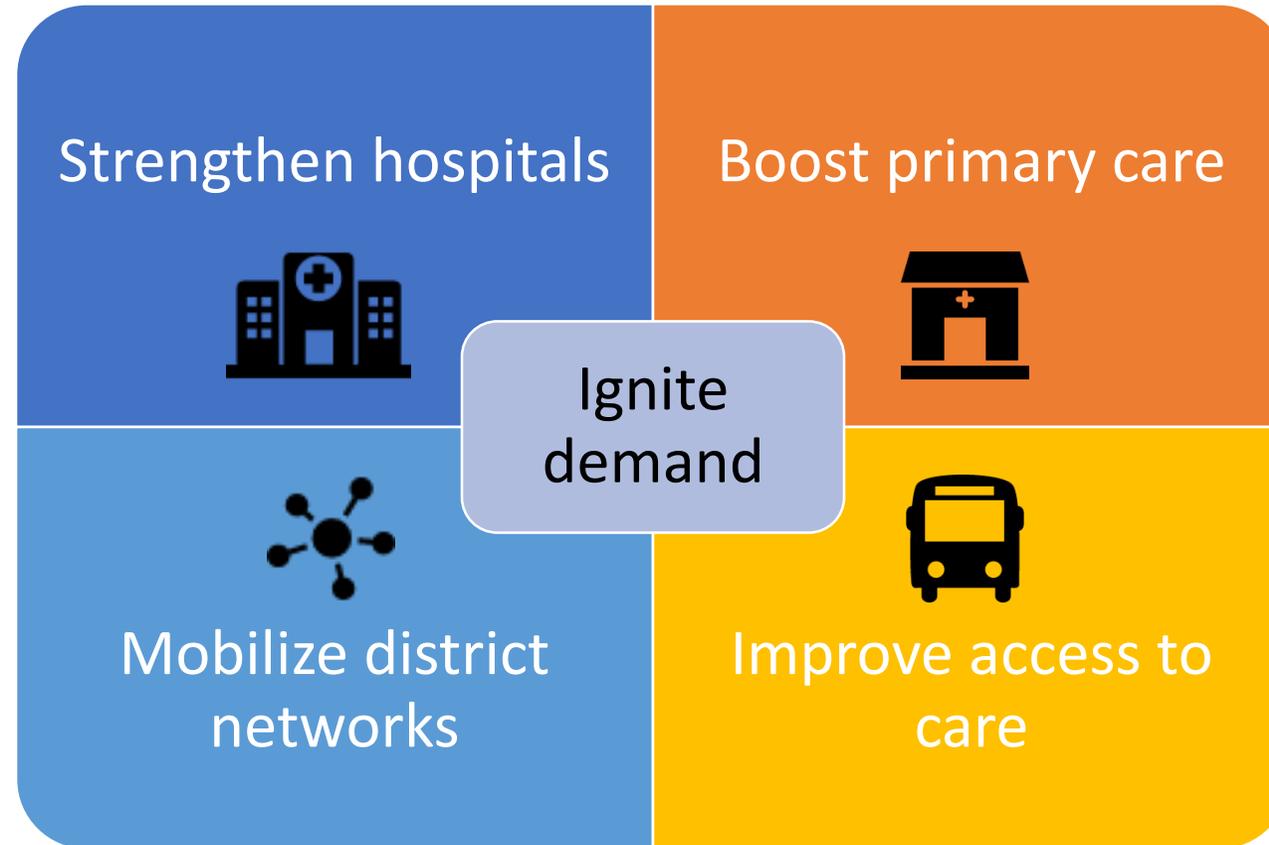>25% reduction in institutional deliveries during and after
>20% reduction in Caesarian sections during and after

No evidence of rebound

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Components for sustaining essential services

Strengthen hospitals

Boost primary care

Ignite demand

Mobilize district networks

Improve access to care

Key take home messages

1. Covid19 prevention: prioritise keeping health workers safe. Infection control training, protective equipment and reduction of exposure

2. Covid19 treatment: there is unlikely to be capacity in most of our countries to provide ICU care at the levels needed. However, there is a proportion that can survive with just oxygen and possibly hand-based ventilation. Countries therefore should be thinking of issues like needing oxygen and blood as well as antibiotics for secondary infection.

3. Continuing essential RMNCAH services - including use of some of the innovations proposed in the PPT as well as thinking about e.g. identifying dedicated health facilities for COVID19 (maybe use schools) and non-suspected COVID19 patients to maintain trust in the health system
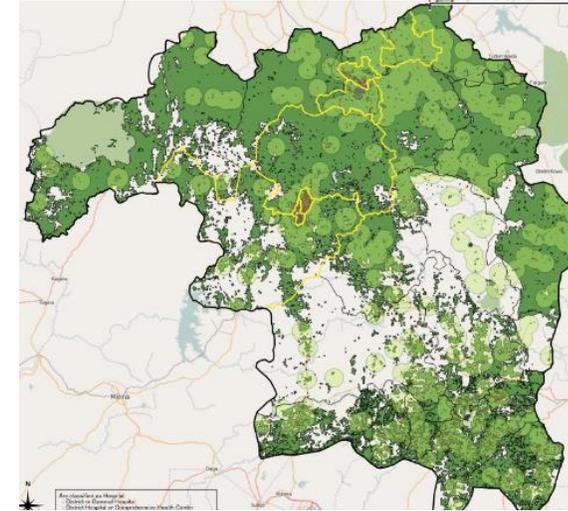
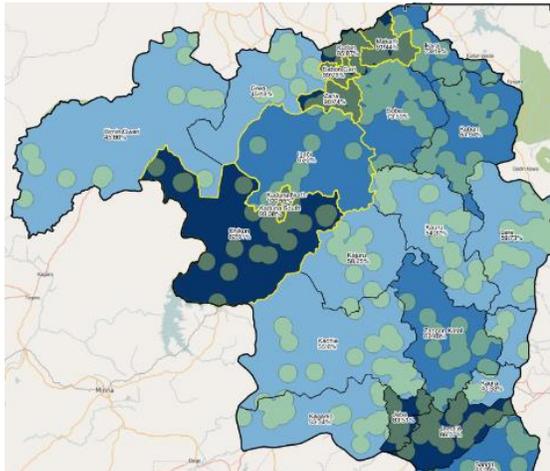# Prioritise Health Facilities for Strengthening
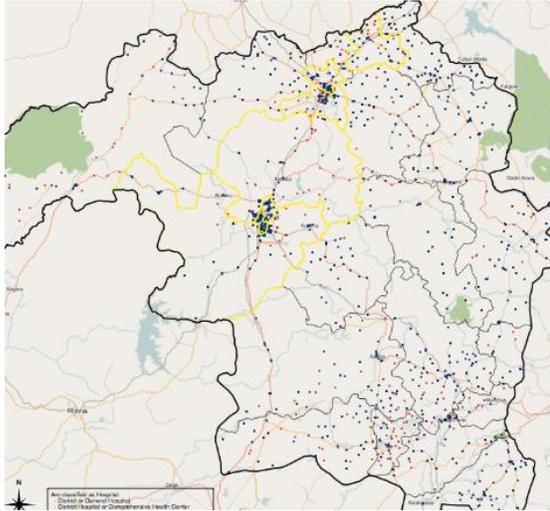
Using population density data obtained from the polio program
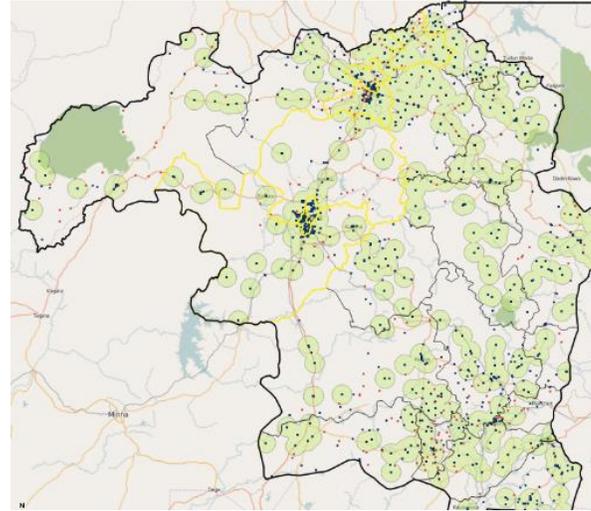
To identify areas of high population density

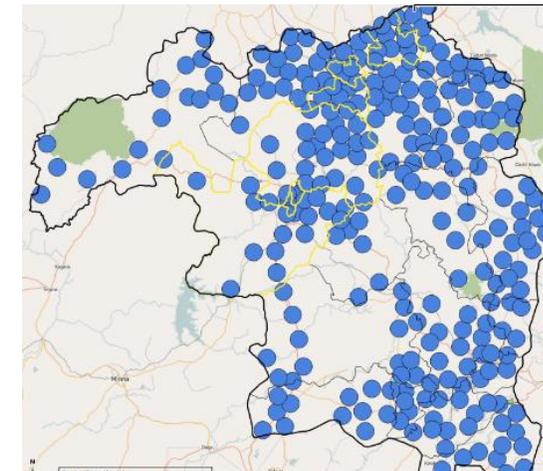We then computed buffers of 5 and 10 km around these points

And computed incremental LGA and state coverage levels for each buffer distance

Along with the catchment of each individual facility

We then compared existing facility placements to optimal placement locations.

The crisis could be an opportunity to right-size the Kaduna PHC system from 1200 PHC facilities to 200-300 facilities

5km – 205*

5

1. Engaging people on their health at home and in their communities

Effectiveness

- Increasing frequency of touchpoints improves health literacy and behavior change

Efficiency

- Reducing costs thru automation and task shifting to lower skilled workers
- Decreasing physical travel for a more productive workforce

Equity

- Increasing coverage to people that face geographic or financial barriers to using fixed facilities

MomConnect South Africa: Mobile messaging to improve the health of new mothers

Challenge
- Maternal mortality decreased to 154 per 100,000 live births, but not meeting SDG3
- Pregnant women and new mothers lack consistent contact with the health system

Solution
- Women are registered at their health center and connected using SMS or WhatsApp
- Receive automated health promotion messages tailored to their needs
- Send health questions to a national call center staffed with trained health workers
- Complete surveys on quality of services; complaints must be addressed within 10 days

Ministry of Health

Patient

Building Blocks
- Mobile phone access
- Zero rating of messages
- Data standards to support data sharing with national registries
- Regional buy-in to register moms
- National identifier at birth

MomConnect South Africa: Mobile messaging to improve the health of new mothers

- Over 2 million women connected across 95% of all health facilities

- Over 60% of all pregnant women attending first antenatal appointment registered

- 60% of women respond to surveys

- Provide actionable data to MOH by integrating with other systems

- Similar programs are showing significant improvement in MCH practices
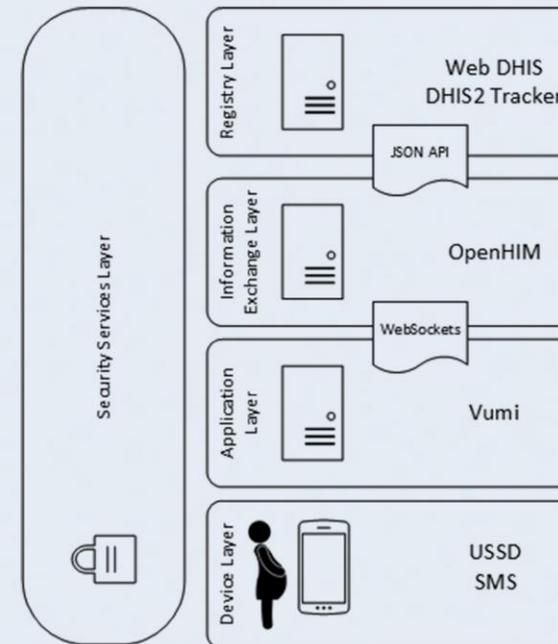
2. Connecting people to services when they need it and where they want it

Effectiveness

- Utilizing quality services at home and in the community to avoid delays and gaps in care
- Reducing dependency on unqualified health workers by improving access

Efficiency

- Triaging effectively at point of patient contact reduces unnecessary visits and waste

Equity

- Integrating with private sector to reduce out-of-pocket health costs for the most vulnerable

Babyl Rwanda:
Integrating virtual care with the public & private sector

Challenge
- Access to doctors is severely limited in Rwanda, with one doctor per 14,000 inhabitants and one pharmacist per 20,000 inhabitants
- Long wait times with 67% of patients waiting several hours
- Many hard to reach populations don't have health facility nearby

Solution
- Patients receive virtual triage and primary care services via telephone
- Electronic prescriptions sent through SMS and can be filled at public or private pharmacies
- Health call center integrated into national insurance scheme

Patient

Health Center

Private Pharmacy
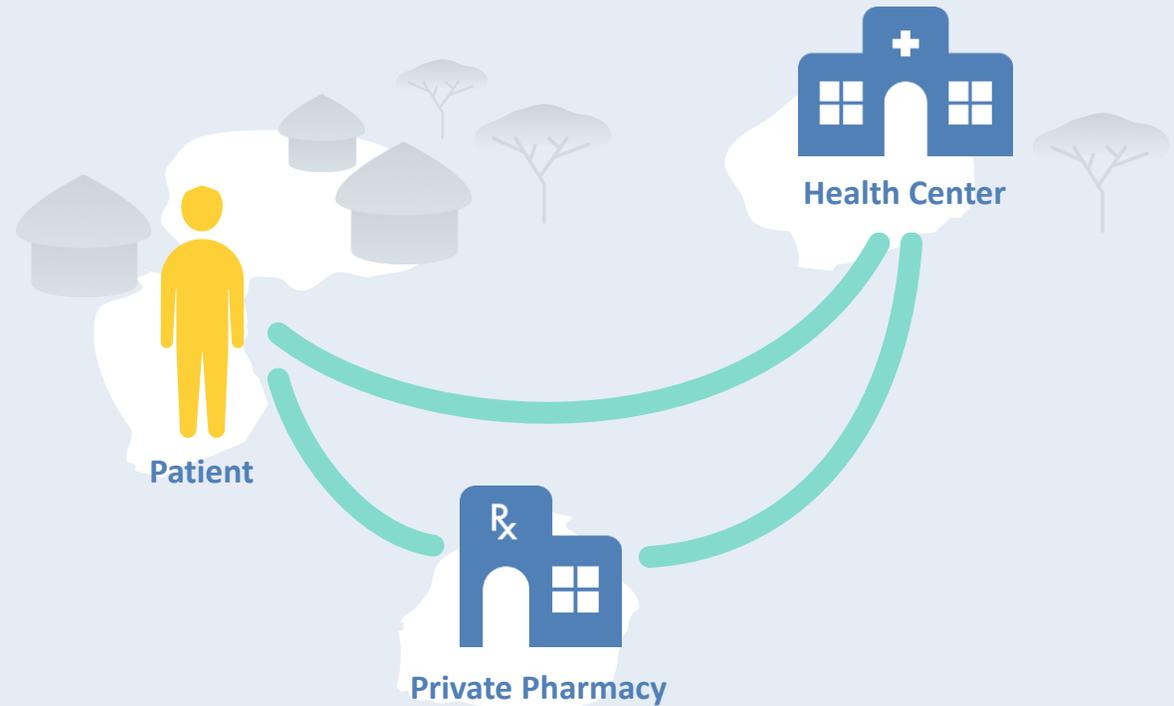
Building Blocks
- Mobile phone access
- Regulatory environment that enables electronic prescription and telemedicine
- National identifier
- Supply chain for medicines

3. Empowering community/PHC health workers

Effectiveness
- Improving quality of the frontlines with decision support
- Integrating health centers and pharmacies to reduce stockouts

Efficiency
- Boosting productivity by relieving reporting burden and better prioritizing households

Equity
- Enabling health workers to be more mobile and adapt to changing physical conditions improves coverage for fragile communities

upSCALE Mozambique: Mobile app to strengthen CHW program

Challenge
- Mozambique has 3,300 community health workers (CHWs) scaling up to 7,000
- CHWs are covering many patients (up to 1200 each) especially in remote areas
- Supervisors lack sufficient resources to adequately manage CHWs

Solution
- Smart phone app for CHWs that provides better adherence to protocols and real-time data
- Improves the management, delivery, and quality of health services

Patient — Community Health — Health Center
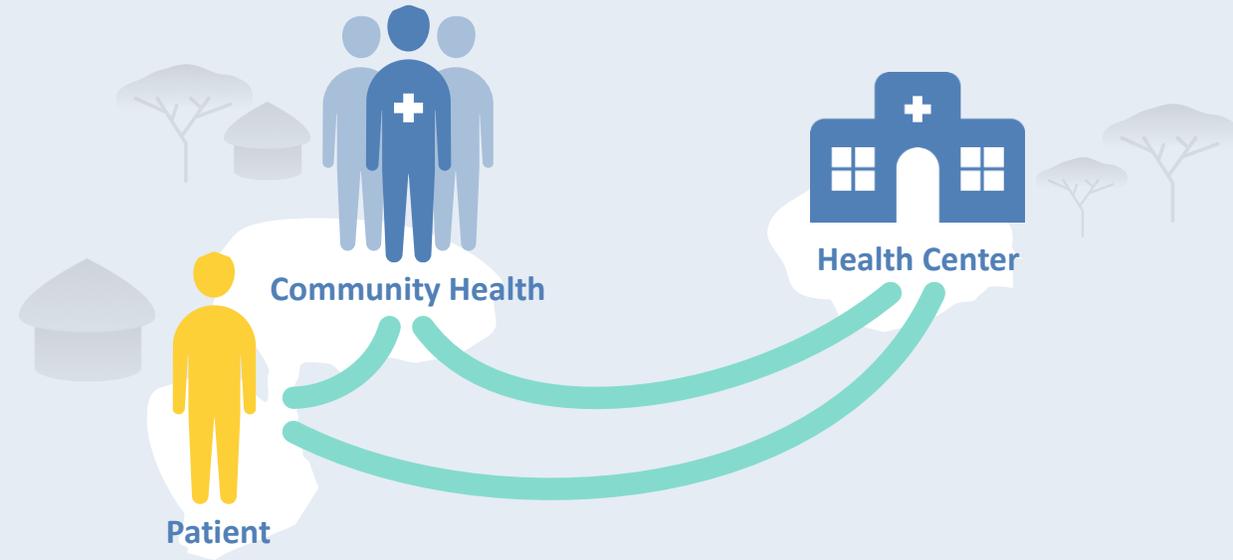
Building Blocks
- Health workforce training to use app
- Supply chains for CHWs
- Smartphones for CHWs
- Clinical guidelines and protocols

4. Building continually adaptive systems that respond to user needs

Effectiveness
- Using real-time feedback to improve the care of the current patient and the system for the next patient

Efficiency
- Surveying patients directly to simplify monitoring and reporting
- Increasing automation to reduce documentation costs

Equity
- Decreasing reliance on facility-based assessments increases representation of hard-to-reach populations

U-Report: Engaging citizens for increased accountability

Challenge
- People live in a world of mass connectivity, which provides many opportunities to voice their views, but few opportunities to be heard
- This is especially true for those at risk of, currently experiencing, or recovering from instability or gender-based discrimination
- Too often decision makers dismiss young people at society's peril

Solution
- Free SMS platform for community participation and social cohesion through polling and dialogues
- Gauges people's needs and informs government and partners

Ministry of Health

Patient

District Hospital
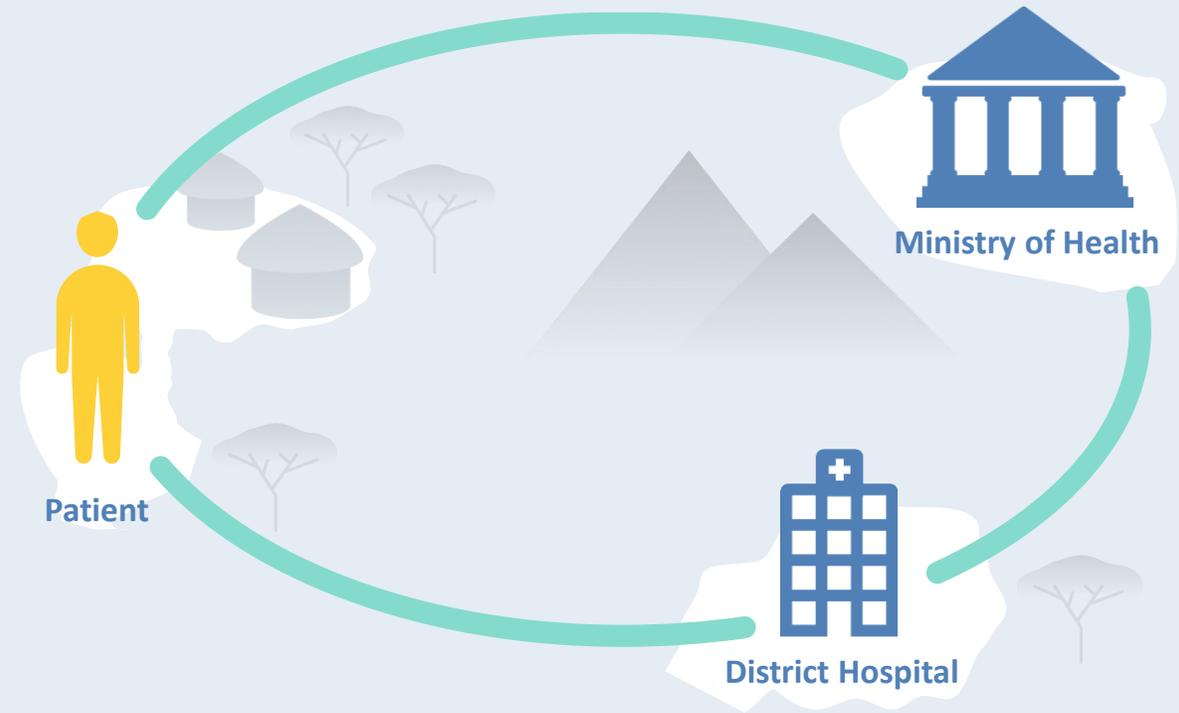
Requirements
- Mobile phone access
- Effective management processes to take action on reports
- Zero-rating of messages