

Summary Note: GFF Knowledge Sharing Webinars

Preparedness and Response to COVID-19: Ensuring the Continuity of Routine RMNCAH Services April 1&2, 2020

Introduction

These GFF webinars, organized on 1 and 2 April 2020, focused on sharing experiences to help prepare and respond to COVID-19, and maintain routine RMNCAH services. They included presentations by Bentoe Tehoungue (Director, Family Health Division, Ministry of Health, Liberia), Mickey Chopra (Lead Global Solutions, World Bank) and Monique Vledder (Practice Manager, GFF Secretariat); as well as discussions facilitated by Petra Vergeer (Lead, Knowledge and Learning & RBF, GFF Secretariat). These webinars were attended by over 300 participants across 36 GFF-supported countries. The following note provides a summary of the key points highlighted during these webinars.

1. Lessons from Liberia's experience with Ebola: Preparing a response

Liberia recorded its first COVID-19 case on 16 March 2020. Building on its experience during the Ebola outbreak¹ and building on existing evidence emerging from China and other countries, Liberia developed an action plan to both prepare an effective response and ensure the continuity of RMNCAH services. This action plan centers around challenges identified as susceptible of worsening RMNCAH health outcomes (e.g. reduction in antenatal care, family planning services, institutional deliveries and immunization; increase in sexual and gender-based violence cases). Specifically, the action plan involves the implementation of infection prevention and control (IPC) measures at all facility levels and targets community health assistants delivering RMNCAH services, notably planning for the provision of critical IPC and RMNCAH material and equipment and the training of health workers. It also includes establishing call lines to help dispense RMNCAH advice; sensitizing community on available SGBV support; and ensuring the Family Health Division of the Ministry of Health is notified of suspected or confirmed cases of infections among pregnant women.

To complement this action plan, Liberia also prepared guidelines for health facilities to help manage maternal and newborns care during the COVID-19 outbreak. The Ministry of Health engages partners through email and virtual conference calls to benefit from technical support as well as to discuss cooperation and resource alignment to maintain core RMNCAH services during the outbreak.

2. Keeping essential services during COVID-19 outbreak

Outbreaks can have a significant impact on RMNCAH, before and after they occur. The example of Sierra Leone, where institutional deliveries declined sharply during the Ebola virus outbreak and remained low in the post-Ebola period, underlines how an outbreak can indirectly affect health outcomes (and mortality rates) in the longer term. So how do we maintain community trust and ensure the use and delivery of critical RMNCAH services? Three key messages:

- **Covid-19 Prevention:** Prioritize keeping health workers safe; provide infection prevention and control training; provide protective equipment; reduce exposure; and engage the community. Importantly,

¹ The Ebola outbreak of 2014 negatively impacted pregnant and lactating women, infants and children, as well as the delivery of broader reproductive health service. Key challenges included lack of Personal Protective Equipment (PPE) as well as fear among health workers and patients about invasive procedures such as delivery.

identify which health facility will be used as treatment centers and which will deliver routine RMNCAH services.

- **Covid-19 Treatment:** It is unlikely that most of our countries will have the capacity to provide intensive care at the levels needed. However, there is a proportion that can survive with just oxygen and possibly hand-based ventilation². Countries therefore should be thinking of issues such their oxygen and blood needs. Consideration should also be given to antibiotics needs to treat secondary infections. It is important that those who are sick have a place to go and that the community perceives them to be receiving good health services.
- **Continuing Essential RMNCAH services,** including using innovations to reach clients as well as through thinking about issues such as the identification of dedicated health facilities for COVID-19 (or other venues such as schools) and non-suspected COVID-19 patients to maintain trust in the health system.

Examples of innovation for the continuity of core RMNCAH services

- **Rwanda** uses SMS-based program to link patients and health workers virtually for triage and primary health care purposes. With patients being able to fill prescriptions in any pharmacy (public or private), this program helps maintain core health services and rationalizes the use and delivery of health services. This does not currently focus on quality standards for providers.
- **Mozambique** uses a smartphone application to help community health workers (CHWs) better adhere to protocols and to generate real-time data to improve the management, delivery, and quality of health services. While this initiative played a critical role in empowering CHWs, it is important to consider their safety as the use of door-to-door approaches to trace contacts may increase their exposure.
- **Social behavioral change communication** is important to help communities understand social distancing measures. Empowering communities to provide feedback and know what services are available and where they are located is also critical. For example, UNICEF uses the *U Report* that connects a diverse range of users. These types of platforms can be used for messaging but also to receive feedback as well as open a channel of communication to maintain community trust.

3. The GFF response to COVID-19

The GFF Secretariat is committed to doing its part to support countries in their response to the COVID-19 pandemic, notably to ensure the continuity of core RMNCAH-N services. The World Bank has made a substantial amount of funding available to many countries through their IDA and IBRD programs, and the GFF Secretariat is looking at ways to align with this funding and support countries as much as possible in making the best use of these resources. This involves:

- **Country coordination,** leveraging current relationships and GFF platforms to reinforce engagement and coordination in response to COVID-19, particularly to support engagement of country stakeholders around the delivery of RMNCAH-N services;
- **Technical assistance** to maintain maternal and child health services, and provide countries the tools required to monitor service interruptions and help address them;
- **Supporting frontline workers** through technical assistance and/or funding reallocations (e.g. management of health worker safety; re-training; rational allocation);

² The current advice is to focus on the availability of oxygen, and not necessarily ventilation, as it can heighten the risk of infection for (less experienced) health workers.

- **Facilitating the supply of oxygen and blood** at global and country levels to as they have a broader impact on the ability to address the health needs of women and children;
- **Behavioral change and communication** to help disseminate country-tailored messages to populations;
- **Knowledge and learning platform** to keep countries updated, share experiences and lessons learned and benefit from global and other country experience to develop country strategies.

4. Questions and Answers

How to ensure social distancing at health service delivery points, while keeping Health facilities safe?

The challenge of widespread testing, while recommended, is enormous and involves important cost, practical and logistical barriers and prioritization strategies. The most effective strategy adopted by countries to address the outbreak is to quarantine. The World Health Organization (WHO) has additional information on approaches that can be taken in different situations, ranging from isolated cases of infection to community spread. Initially, the focus should be on those infected and those exposed (i.e. tracing). If infections increase and the outbreak grows, then isolation measures and treatment centers become important. In this case, consideration should be given to (i) avoid that health facilities treating COVID-19 are viewed as spreading the virus; (ii) empower health facility managers to be innovative; (iii) make face masks or cloth masks (such as scarfs available); and (iv) when possible, explore alternative mechanisms such as virtual consultations using mobile technology. Innovations might have high startup costs, but evidence indicates that savings can be made with inputs costs, as such technologies reduce over-prescription and costs associated with delays in seeking health services.

How to protect Guidance lactating mothers and their children during the pandemic?

In collaboration with other agencies, the WHO has issued global [guidelines](#) that can be adapted to specific count contexts. These guidelines underline that messages surrounding key issues such as breastfeeding must be clear to counter misinformation and ensure continued infant care. Indeed, evidence indicates that breastfeeding remains safe. The other pillar of these guidelines concerns maintaining regular services. Responses should include the prevention and control of other infectious diseases such as Tuberculosis and HIV, as they can heighten the risk for more severe forms of COVID-19. This also helps create efficiencies when using scarce resource, such as testing kits. Building on the experience of Liberia, these guidelines also advise family caregivers to wear a face mask or at least a cloth to cover their acres and reduce exposure.

How to create and sustain community engagement?

It is important to remember that communities rely on each other through these trying times. Civil society's role hence becomes even more crucial in ensuring that these links continue, and in countering misinformation. Further, Liberia showed how drawing from past experiences can be used as a powerful tool to engage communities: community experience with the Ebola virus outbreak may make people more susceptible to respecting social distancing measures.

How to address SGBV cases and provide social protection?

Liberia has created taskforce - made up of the Ministry of Justice, the Ministry of Health and the Ministry of Gender - to lead address SGBV cases during the emergency period. SGBV is part of the issues addressed through the call lines established to support communities. From the World Bank perspective, the second wave of funding available will be focusing on social protection, including food security and, where appropriate, cash transfers. In addition, the IFC and IMF are also working towards supporting governments to address the economic shocks created by the pandemic.

How to address challenges that hamper the supply of key commodities needed to respond?

At the global level, efforts are made to ensure a coordinated and aligned approach that also helps prioritize resource-constrained countries. There is a plan to pool the procurement for African countries to establish larger orders and thus compete with larger economic regions such as South East Asia and North America. This also pertains to supplies such as equipment for point of care testing. At the country level, shortage in blood supplies are increasing. Countries with predominantly Muslim populations also expressed concern in that regard, given the approach of the Holy month of Ramadan. In addition, social distancing is having an important effect on blood transfusion services, highlighting the need to plan to address blood shortages, especially as (like during Ebola) blood from recovered patients may become a means of enhancing recovery.

How to proceed with the GFF process in-country amidst COVID-19 preparedness and response?

COVID-19 has the potential to disrupt RMNCAH service delivery and negatively affect RMNCAH outcomes. As a result, it is likely that it will also disrupt the development and implementation of the Investment Case in several countries. It is nevertheless important to remember that the Investment Case is not a proposal, but rather constitutes a common set of priorities for the Government and its technical and financial partners. As such, it can guide how the country will ensure the continuity of RMNCAH services – for instance, Liberia integrated RMNCAH priorities defined in its Investment Case into its COVID-19 action plan. While expanding areas of investment to include the broader integrated disease surveillance and response mechanism for the COVID-19 response is possible, it is important to note that such endeavors are context specific.