MOMENTUM
Knowledge Accelerator

Policy Brief

EMERGING LESSONS FROM COVID-19

Essential health services for women, newborns, and children

The evidence on the SARS-CoV-2 pandemic (COVID-19) effects on health care provision and demand, health and well-being, and on the mitigation strategies and adaptations is rapidly emerging. The negative impact on maternal, newborn, and child health, nutrition, voluntary family planning, and reproductive health care (MNCHN/FP/RH) demand and provision across multiple regions—similar to what was seen in prior disease-related outbreaks—is becoming clearer.[40] Observed drops in demand for and provision of care are related to both fear of and responses to the pandemic. While there are limited data available to date on the responses used to lessen the drops in service utilization and to respond to them, evidence is growing. Countries are adapting a wide range of promising strategies and approaches at national, district, facility, and community levels that may be of use in settings where MOMENTUM awards are operating. Nonetheless, better measurement, learning, and knowledge management are needed to inform actions to protect women, children, and their families from the impact of COVID-19.

BACKGROUND

By March 2020, it was clear that the COVID-19 pandemic would pose threats to equitable access to and use of quality essential health care, similar to previous outbreaks.[40] These threats could lead to poor health outcomes for women and children in low- and middle-income countries (LMICs).[41] We conducted a rapid search to inform MOMENTUM program planning and actions to prevent, lessen, and respond to drops in provision of and demand for essential equitable and quality MNCHN/FP/RH health care during and after the

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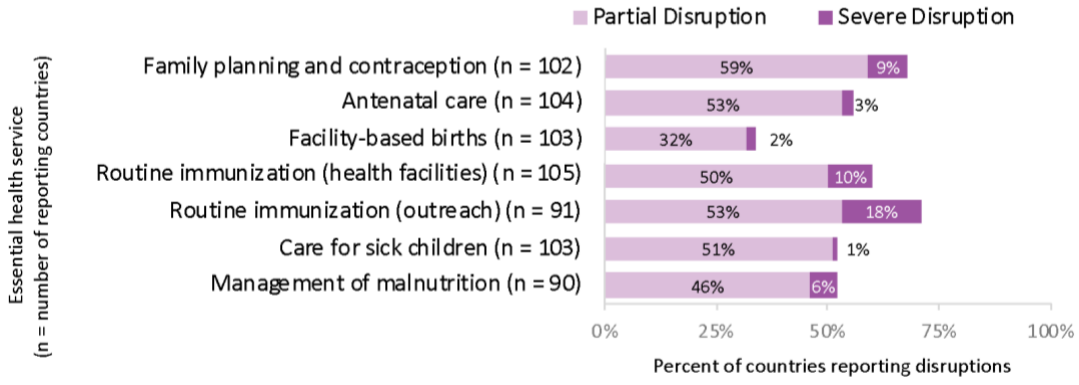
COVID-19 pandemic. This search included peer-reviewed articles and gray literature (including pre-print articles, website, and webinars) from LMICs, released between April 1 and September 30, 2020, related to the effects of COVID-19 specifically on MNCHN/FP/RH. This brief summarizes the findings and offers recommendations for MOMENTUM awards and USAID Missions to maximize the impact of response efforts and strengthen the evidence base to inform current and future efforts.

FINDINGS

EFFECTS ON MNCHN/FP/RH

- **Data from most countries demonstrated reduced provision and/or demand for essential MNCHN/FP/RH care during the COVID-19 pandemic** (see Figure 1).[37] Immunization campaigns and community-based outreach have been postponed in some settings.[7,22,27,28] Changes in provision of care have resulted in increased costs,[7,11,34] decreases in quality of care,[7,15] and deterioration in data monitoring and reduced reporting rates in some countries.[35] There has been a reduction in the number of health care providers as a result of infection and death due to COVID-19,[7,18,30] as well as reassignment of some to directly support the COVID-19 response.[7,25]
- **Health workers are feeling pressure in this pandemic.** Health workers reported a general lack of training and support[18,30] and increased psychosocial stress due to a variety of factors (e.g., fear of illness, exhaustion, lack of compensation, stigma, violence).[4,26,30]
- **Across the globe, shifts in care-seeking attitudes, behaviors, and practices are being observed.** Some patients have been unable to visit hospitals)[11] or believe they may be at risk of infection if they seek care at health facilities out of fear of infection.[7,11,18,19,23,29] There has also been a shift towards community-based care as well as a shift from long-acting methods of contraception to short-acting methods.[2,29,35,39]
- **Some studies noted negative effects on MNCHN/RH/FP health and well-being,** such as a rise in rates of depression for pregnant women and mothers,[6,10,19] adolescent pregnancy,[18,29] institutional stillbirth,[15,29] gender-based violence,[10,32,34] and food insecurity.[10]

FIGURE 1. COUNTRIES ARE REPORTING DISRUPTIONS ACROSS MOST ESSENTIAL MNCHN/FP/RH CARE



Source: Adapted from WHO (2020)[37]

STRATEGIES, ADAPTATIONS AND THEIR EMERGING EFFECTS

Countries have started to implement a range of strategies and adaptations to maintain access to, uptake in, and quality of MNCHN/FP/RH care.

- **At the national level, countries have developed and disseminated protocols regarding provision of MNCH/FP/RH care during the pandemic**, [7,25,28] sometimes designating MNCHN/FP/RH care as "essential" to promote continuity of care and allow for advocacy efforts during lockdown.[13,25,32] They have also improved coordination, integration, and stakeholder/institutional alignment,[28] and strengthened the use of data for rapid, dynamic decision-making (e.g., immunization targeting, placement of staff and to influence lockdown policy).[23,28]
- **At the facility level, COVID-19 risk reduction strategies are enacted** to increase safety for health care workers and improve trust in the system. This has included social distancing mandates, provision of PPE, [1,7,18,25,27,28,30,37] and systems changes to identify people infected with COVID-19 and those in need of urgent care.[7,23,28,37] To address challenges faced by health workers, facilities are recognizing their work,[18] more frequently communicating protocols,[7] and building worker capacity.[18]
- **At the community level**, **mobilization and advocacy efforts are leveraged to combat fears** [18,25,27,28] and outreach has been increased to prevent teenage pregnancy spikes seen during the 2014 Ebola outbreak.[27] Communities in several countries are using and coordinating Community Emergency Transport Systems for labor and delivery.[7,21] Community-based solutions are emerging, such as tools to promote home-based antenatal care by community health workers using COVID-19 precautions.[12]
- **Technological adaptations at the district and facility levels are leveraged to increase access to care, training, and goods.** Mobile/web-based technologies are used (1) to implement hotlines providing information about care and where to seek it [13,28]; (2) for triage and referral[7,23,24]; (3) for requests for transportation to facilities[23]; and (4) for remote monitoring and follow up.[20,24,25,38] Technological adaptations are also used in training, learning, and supervision of frontline health workers,[24,32] and to deliver commodities (e.g., drones).[7,25]
- **Countries are enacting broader health systems innovations related to supply production and partnerships to support MNCHN/FP/RH and other health outcomes.** To respond to disruptions in the health commodity supply chain due to supply and workforce challenges,[7,9,16,22,33] countries are developing product delivery contingencies, such as re-routing shipments or changing the mode of transport (e.g., to ocean freight or road transport) to ensure essential goods arrive as needed.[9] Companies are also modifying production through locally sourced or alternative solutions (e.g., packaging, raw materials), linking to new markets, supporting remote business services, and introducing new analytical tools.[33] Increased collaboration between the private sector and non-health departments is being harnessed to increase management capacity.[24]

INFORMATION GAPS

- As of September 30, 2020, we found more publicly available information based on country informants (e.g., key informant interviews, webinars) than from systematic primary data capture. Some studies conducted secondary analyses of data from routine information systems or surveys on the provision and utilization of health care. There were even fewer studies reporting primary quantitative data on health and well-being outcomes during the pandemic; many of those that did had small sample sizes and weak study designs.
- There is very little evidence to date on outcomes and impact of strategies and adaptations to address the pandemic's effect on essential health care availability and utilization, and limited data on the

effects of the strategies and adaptations on the health system. Evidence that does exist is often of limited quality or is lacking in generalizability or scope. Much of the data come from two- or three-month periods. In some cases, it is hard to distinguish success based on the strategy, its implementation, and other factors and actions. The generalizability of the adaptations and other strategies probably differs based on the phase of the pandemic and contextual factors; however, such clarifications are often not stated in the literature.

- There is little evidence from the private health sector and from fragile settings vulnerable to acute shocks like natural disasters, conflict, disease outbreaks, or violence, or more chronic stressors such as political or economic instability.

RECOMMENDATIONS

Policymakers, technical staff from ministries of health and implementing partners, and donors play a unique role in defining, implementing, and documenting the COVID-19 response. A broad range of actions are needed to prevent disruptions, respond to changes, and mitigate negative effects of the COVID-19 pandemic to ensure equitable, quality MNCHN/FP/RH care. Building on evidence to date, the following recommendations can inform resource allocations, technical advice and training, prioritization and implementation of effective policy and programming.

- **Implement strategies and adaptations that address health priorities and maintain safe delivery of care.** USAID and MOMENTUM partners should support country decisionmakers to identify and adopt strategies and adaptations in how systems are designed and care provided, which both respond to disruptions in care and support effective health care worker protection and management.
- **Engage affected communities in decision-making related to responses to COVID-19.** USAID and USAID projects, including MOMENTUM, can encourage country decisionmakers to maintain or strengthen trust in the health system and the confidence of patients in accessing quality care.
- **Support the coordination of the roles of governments, partners, communities, and donors** to improve equitable and accessible quality care. This should build upon existing mechanisms and structures where possible, instead of creating new ones, such as existing partnerships between private and public health providers to strengthen referral networks for communities.
- **Employ multiple strategies that address different levels of underlying challenges** that address both the risk of COVID-19 and the impact of the response. MOMENTUM staff can support health decisionmakers in affected countries to conduct context-driven assessments to develop appropriate strategies. In addition, they can provide technical assistance on how multiple policies, health systems designs and structures, care provision, and demand factors need to be addressed.
- **Provide technical assistance and tools to teams in affected countries to improve monitoring, analysis, and documentation to build evidence on the response to COVID-19.** Capturing both responses and their effects is important so successful approaches can be identified, understood, and spread. This includes information on underlying causes of gaps in care, adaptations and strategies employed, and longer-term outcomes. Existing information systems may need to be strengthened so data can be available and used. Adaptive learning, implementation research, and context aware monitoring will be useful to understand the contexts and results that can inform strategy choices.
- **Translate emerging evidence for diverse groups.** To influence decisions and actions at all levels, the evidence must be packaged and shared in tailored formats for stakeholders, including policymakers, implementing partners, donors, facilities, health care workers, and community members.

CONCLUSION

Emerging evidence on the impact of COVID-19 on MNCHN/FP/RH health care provision, demand, health and well-being tells us that there are promising strategies and approaches to ensure continued access and use of equitable, quality health care. However, there are information gaps regarding how these strategies and adaptations are being implemented as well as their longer-term impact. MOMENTUM awards, partners, and USAID Missions are well-positioned to contribute by helping to identify and support promising strategies and adaptations, documenting and assessing their progress, and measuring their impact. Rapidly sharing learnings has the potential to sustain and improve equitable coverage of quality MNCHN/FP/RH care during the COVID-19 pandemic and beyond.

Resources

- For more information on this rapid evidence summary:
  - Webinar slide deck and recording
  - Annotated bibliography
- UNICEF Rapid Situation Tracking Dashboard
- Partnership for Evidence Based Response to COVID 19
- Path COVID 19 EHS Policy Tracker Dashboard
- PMA COVID 19 Surveys
- World Bank/Global Financing Facility Pulse Surveys
- WHO/UNICEF Analysing and Using Routine Data to Monitor the Effects of COVID 19 on EHS: Module 1: Life course Stages: RMNCAH, Including Immunization and Nutrition
- Universal Health Coverage Partnership: Stories from the field

References

Complete citations for references 1-39 can be found in the rapid evidence summary annotated bibliography.

40. Stammer, Emily, Lisa Hirschhorn, Katherine Semrau, and Lara Vaz. July 2020. *Rapid Evidence Summary: Lessons for COVID-19: Impact of Prior Disease Outbreaks on Maternal, Newborn, and Child Health, Voluntary Family Planning, and Reproductive Health Services.* Washington, DC: USAID MOMENTUM.

41. Elston, James, Chris Cartwright, Patricia Ndumbi, and John Wright. February 2017. The health impact of the 2014–15 Ebola outbreak. *Public Health* 143: 60-70. doi: 10.1016/j.puhe.2016.10.020.

Acknowledgements

MOMENTUM Knowledge Accelerator supports monitoring and evaluation, adaptive learning, knowledge management, and strategic communication across the entire portfolio of MOMENTUM awards. The project coordinates the systematic collection, analysis, synthesis, translation, and sharing of data and learning across the entire suite and collaborates with all MOMENTUM awards to tell the collective story of MOMENTUM's impact on MNCH/FP/RH care.

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