

# Maintaining essential services during the COVID-19 pandemic

Mirgissa Kaba

Almost 11 months have elapsed since the first case of COVID-19 was reported in Wuhan, China. During this period, SARS-CoV-2 has spread at an incredible pace to reach all boundaries, peoples and countries across the world.

State parties typically panicked at the beginning of the outbreak, with limited or no idea what to do, when and how. Countries have their unique features in terms of service constellation, infrastructure, social organizations and cultural ethos and, more importantly, the generation and use of empirical data; accordingly, any expectation of a standard response to COVID-19 would have been misplaced. Thus, response measures varied tremendously, with complete lockdowns, mass testing, extensive surveillance and public campaigns implemented in some countries. In contrast, in other countries, such as Sweden, routine life continued as usual, with little or no interruptions, with the aim of encouraging the development of herd immunity (1). Alas, no country has been spared from the effects of the pandemic, and the hoped-for herd immunity in Sweden did not materialize.

Early on, specific sections of the population, such as the elderly, those with co-morbidities, and those who need essential medical services, were the most at risk and subsequently affected. In the least developed countries, in particular, where health systems are rather fragile, communicable and infectious diseases are widespread, and non-communicable diseases (NCDs) are strengthening their grip, the compromise of the provision of essential services has been costly.

In countries well known for bearing the vast proportion of the global burden of communicable and infectious diseases, such as HIV/AIDS, malaria, tuberculosis, acute respiratory infections and diarrheal disease (2), the implications of COVID-19 are evident. NCDs, which at one time were not a major issue in some regions, such as Africa, are now a major public health concern. Health systems that have been engaged in dealing with infectious and communicable diseases are now being challenged by the addition of mounting NCDs (3). In sub-Saharan Africa, deaths due to NCDs have hiked from 22.8% (2.2 million) in 2000 to 34.2% (3.0 million) in 2016 (4).

Preventive measures against COVID-19, such as lockdowns, restriction of movement, and health facilities' shift in focus, have compromised the routine provision of services. As a result, people who have co-morbidities and who need routine health services have been greatly affected (5). By way of illustration, a recent modelling study suggests that across the globe, one in

five people with NCDs are at higher risk of severe COVID-19 as a combined result of the infection and the disruption to routine health services (6).

As COVID-19 continues to spread, the impact on women and children, and those with co-morbidities and who receive routine care, is being felt in a number of ways. First, the parallel stride of communicable/infectious diseases and NCDs, particularly in the least developed countries, has created the conditions for women and children to easily fall prey to the pandemic. Second, because of the fear of having compromised immunity – 'I may catch the virus' – those who need such services are staying away and facing the consequences alone. Third, providers and facilities are busily engaged in responding to COVID-19, which has made it difficult for women and children to obtain the services that they normally receive. Fourth, the supplies for those sections of the population that need such services have been compromised, as some of the resources have shifted to the prevention and management of COVID-19. On top of these issues, concerns with transportation services, the safety of facilities, the potential rising cost of services, and compromised public health education and outreach programmes, have deepened the problem. It should come as no surprise that there has been a sharp drop in the number of women accessing ANC, delivery services, safe abortion and family planning services, and that cervical cancer screening has been suspended or postponed for fear of the risk of infection (7). In effect, because the provision of essential services has been compromised, women and children are most affected by the pandemic, at least indirectly. And while the evidence reveals that men have about twice the risk of dying from COVID-19 compared to women (4,8,9), the impacts of COVID-19 on maternal and child mortality in low-and middle-income countries have been significant. Robertson *et al.* estimate, conservatively, that the disruption to routine health care service provision caused by COVID-19 has resulted in 253,500 additional child deaths and 12,200 additional maternal deaths, compared to numbers prior to the emergence of COVID-19 (10).

The problem is pronounced in the least developed countries. In sub-Saharan Africa, in particular, where communicable/infectious outbreaks and NCDs are widespread, health systems are weak, and populations are dogged by conflict and political instability, the impact of COVID-19 has been unprecedented among women and children. Direct mortality from the outbreak itself and indirect mortality from preventable and/or manageable conditions has become the norm, rather than an exception (11).

The ability of a health system to maintain the delivery of essential health services during the pandemic depends on the usual burden of disease, the local COVID-19 transmission scenario, and the capacity of the health system as the pandemic evolves (4). Unfortunately, how a health system adapts itself to evolving challenges depends on its preparedness plan. Under circumstances where the health system's preparedness plan is lacking, with the upsurge of the pandemic, resilience becomes difficult. To address this, the World Health Organization (WHO) has developed guidance for countries to implement targeted action to reorganize and maintain access to safe and high-quality essential health services at different levels (12). The extent to which countries at large and the health sector in particular work towards regaining their routine essential services determines the level of both direct and indirect challenge posed by COVID-19.

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