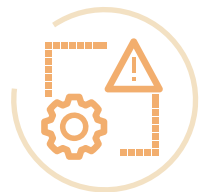
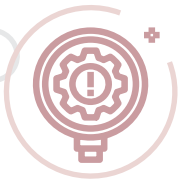
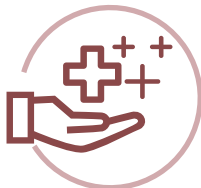


Africa Centres for Disease Control and Prevention

Guidance for the Continuation of Essential Health Services during COVID-19 Pandemic



Scope

This document provides guidance for African Union Member States on actions to be taken to ensure they continue to meet all the health needs of their citizens in accordance with achieving the objectives of the Africa Health Strategy 2016 – 2030.ⁱ

Background

African Union Member States are confronting some of the world's most severe public health threats including endemic diseases like HIV/AIDS, malaria and tuberculosis (TB); maternal and under-5 mortality; and noncommunicable diseases.ⁱⁱ The Member States' healthcare systems are now additionally being challenged with the unprecedented demands of the rapidly growing pandemic of coronavirus disease 2019 (COVID-19). When health systems are overwhelmed, both direct mortality from an outbreak and indirect mortality from vaccine-preventable and treatable conditions increase dramatically. The 2014 West African Ebola virus disease (EVD) outbreak led to an estimated 18% decrease in the use of primary prevention and treatment services, and as many as 10,000 additional preventable deaths from measles, malaria, HIV/AIDS, and TB.ⁱⁱ As African Union Member States transition from no cases of COVID-19 to clusters of cases and ultimately to community transmission, it is essential that lessons be drawn from the EVD outbreak in West Africa and deliberate effort and strategic planning go towards ensuring the continuation of essential health services while simultaneously responding to COVID-19.ⁱⁱⁱ To ensure the continuation of essential health services during the COVID-19 outbreak response, the following are recommended:



Establish governance, accountability and coordination framework

All emergency response and coordination systems of African Union Member States both at national and subnational levels should have a focal person or section for the coordination of continuation of essential health services during all phases^v of the COVID-19 response. A simple protocol to govern the delivery of essential health services in coordination with the COVID-19 response strategy needs to be developed. An ongoing monitoring of performance indicators for utilization of essential health services, early identification of gaps or decline, and institution of corrective measures are of paramount importance. Having in place a comprehensive health insurance or alternate health financing scheme for healthcare workers, citizens, and especially vulnerable groups will guarantee continuation of essential health services without incurring financial hardship.



Identify essential non-COVID services

African Union Member States should identify essential health services that will be prioritized in their efforts to maintain continuity of service delivery. The selection of priorities will be guided by the local context and burden of disease, but priority should be given to preventing communicable disease, averting maternal and child morbidity and mortality, preventing acute exacerbations of chronic conditions by maintaining established treatment regimens, and managing emergency conditions that require time-sensitive intervention. For most African Union Member States, these will include reproductive health, antenatal care, child delivery, and routine immunization services.ⁱⁱ Supply of essential medication especially for chronic diseases including mental health conditions,

access to laboratory, blood bank and other auxiliary services should continue to run. The Africa Health Strategy 2016–2030 identified HIV/AIDS, malaria and TB as priority endemic diseases in Africa and programmes addressing them should continue uninterrupted during this pandemic.ⁱ Commonly occurring outbreaks of cholera, meningitis, viral haemorrhagic fevers, etc. must not be neglected, and implementation of control activities should be done in collaboration with the COVID-19 response.^{iv} It is mandatory to continue the management of emergency health conditions that require time-sensitive intervention. The method of delivery of essential services to be maintained will need to be adapted to account for the needs of infection prevention and control, limited manpower, and supply chain limitations. Elective services can be delayed or relocated to non-affected areas of the country.



Maximize the use of available health services delivery options

As the intensity of the COVID-19 outbreak increases, some facilities may be designated for the exclusive care of people affected by COVID-19. Similarly, a significant proportion of health workers might not be available for non-COVID-19 services. Therefore, there is the need to maximize the limited number of health delivery platforms and workers. This can be achieved by conducting a functional mapping of health facilities, including those in public, private, military systems, re-purposed facilities, and ensure public awareness. Patients on treatment for chronic diseases, both communicable and non-communicable, should be provided with up to three months' supply of medicine to reduce frequency of hospital visits. Delivery of essential services through outreach must be contextualized and undertaken only if safety of health workers can be guaranteed. Telemedicine via telephone/video call and guided by national telemedicine guidelines can be deployed to facilitate clinical consultations and supply of medicines for chronic conditions.



Establish effective screening, triage, and safety of health workers

People with and without COVID-19 will initially access the health system in the same way. This will result in overlap in patient flow for services directed to COVID-19 and for other essential services. Basic infection prevention and control (IPC) measures (hand hygiene, respiratory etiquette, physical distancing) should be promoted universally. Adequate and appropriate personal protective equipment (facemasks, gloves, gowns, face shields, and others) should be supplied to health facilities to prevent health workers infection. In some settings, promotion of self-initiated isolation of those with mild respiratory symptoms may be indicated to limit facility crowding. Frontline care sites will need to expand their capacity for screening, isolation and triage, including with designated physical areas and appropriate security. This can be achieved by disseminating information to prepare the public, establishing screening of all patients on arrival at all sites using the most up-to-date COVID-19 guidance and case definition, establishing mechanisms for isolation of patients in all care sites using the most up-to-date COVID-19 guidance, ensuring acuity-based triage at all sites, and establishing clear criteria and protocols for targeted referral. Handwashing corners should be available and functional at all facilities. Dedicated helplines for providing psycho-social support for health care workers should be strongly considered. The measures above should also apply to health care workers in private and not-for profit sector facilities that have been mobilized to provide essential health services.



Redistribute healthcare workforce capacity

Many countries face existing healthcare workforce challenges, including shortages, maldistribution, and misalignment between population health needs and healthcare worker competencies. Additional factors may limit the availability of healthcare workers to deliver essential services during the outbreak, including re-assignment of staff to treat increasing numbers of patients with COVID-19, and loss of staff who may be quarantined, infected, or required to care for infected friends and family. The combination of increased workload and reduced number of healthcare workers is expected to pose a severe strain on the capacity to maintain essential services. These predictable challenges should be offset through a combination of mechanisms, including: optimizing the use of part time staff; reassigning staff from non-affected areas; use of retired staff; mobilizing healthcare workers in the military, police and other uniform forces; accelerating training and early certification of medical, nursing, and other cadre of staff; and use of web-based and online trainings. Training and repurposing volunteers and workers from non-health sectors to support functions in health facilities can augment healthcare workforce availability.



Ensure continuous availability of essential medications, equipment, and supplies

African Union Member States should anticipate disruption to the general supply chain because of the COVID-19 pandemic and response activities such as lockdown of other sectors. This will likely lead to stockouts of resources needed to maintain essential services. Priority resource lists should be developed, and planning

should be executed in coordination with the overall outbreak response. Suppliers and pharmacies (public and private) can be networked to allow dynamic inventory assessment and coordinated re-distribution. This will involve mapping of essential services and resource requirements, mapping public and private pharmacies and suppliers, creating a platform for reporting inventory and stockouts and for coordination of re-distribution of supplies. Member States should make provision for additional free essential medicines and diagnostics in facilities with a higher caseload. Availability of adequate funds to effectively respond to emerging needs is crucial for the provision of uninterrupted essential health services.



Include messages on continuity of essential health services in COVID-19 public updates

It is key that all citizens are aware and informed of continuity of essential health services and that routine care can always be sought. Clear and accurate communications about how populations can access essential health services including examples of actions taken to protect non-COVID-19 patients should be provided.



Assessing the risk of continuity of care

The approach to maintain primary care services should be influenced by local mandates for physical distancing and be guided by the health system context, local burden of vaccine preventable diseases (VPDs), transmission context of the COVID-19 virus and other factors such as population demographics, vaccine availability, service delivery design, and migration patterns.

Assessing the risk/benefit of continuing a service versus suspending it during a period of COVID-19 transmission will require an assessment of the potential impact of a disease process going unaddressed that might result, for example, in an outbreak of VPDs against the potential impact on the increased spread of COVID-19 as a result of continuing essential services. There will also need to be some candid assessment of a facility's ability to provide a service safely and effectively.

Local and current circumstances that need to be considered include:

- The current level of disease transmission – is it sporadic only? Are there clusters of cases? Is there evidence of widespread, sustained, and ongoing transmission in the community?
- What are the population demographics of the region? What portion of the population is at high risk of severe disease?
- What are the other diseases that are endemic? Is HIV prevalent at high levels? Is malnutrition common in children?
- What are the recent rates of coverage of immunization against VPDs?
- Are there other conditions that raise the risk or complicate service delivery such as conflict zones or other fragile and vulnerable settings with high numbers of displaced peoples?
- What are the water and sanitation conditions in the area?



Plan for recovery

In circumstances where essential health services must be diminished or suspended due to the COVID-19 pandemic, countries should reinstate and reinvigorate these services at the earliest opportunity to close the created gaps, once reduced local transmission of COVID-19 permits primary health care services to resume.^{vi}

Some guiding principles include:

- Establish thresholds or triggers to guide the reopening and re-establishment of services that were suspended or impeded during the height of the COVID-19 outbreak.
- If resources for catch-up are limited, immunization activities should be prioritized with emphasis on expanded programme on immunization (EPI) vaccines such as measles, rubella, pneumococcus, *H. influenzae*, polio, diphtheria, tetanus, meningitis, and yellow fever.
- Countries should implement effective communication strategies and engage with communities to allay concerns, enhance community linkages and re-establish community demand for essential health services, especially vaccination

i https://au.int/sites/default/files/documents/24098-au_ahs_strategy_clean.pdf

ii <https://www.path.org/articles/three-urgent-actions-protect-essential-health-services-during-covid-19/>

iii https://apps.who.int/iris/bitstream/handle/10665/331561/WHO-2019-nCoV-essential_health_services-2020.1-eng.pdf?sequence=1&isAllowed=y

iv <https://www.thelancet.com/action/showPdf?pii=S2214-109X%2820%2930229-1>

v Recommendations for Stepwise response to COVID-19: <https://africacdc.org/download/recommendations-for-stepwise-response-to-covid-19/>

vi See Africa CDC Easing the lockdown guidance: [ADD LINK](#)



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