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# Access to health services during the pandemic

Key findings from a February 2021 survey from the Partnership for Evidence-Based Response to COVID-19 (PERC)



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#### **About this presentation**

- PERC released <u>findings</u> from its February 2021 survey in which people from 19 African Union (AU) Member States were asked about their perceptions of public health and social measures (PHSMs), vaccines, food, income and health services during COVID-19. Further details on the survey may be found at <u>www.preventepidemics.org/perc.</u>
- This presentation focuses specifically on how COVID-19 has affected access to health services since the start of the pandemic, as well as between PERC's August 2020 and February 2021 surveys.
- Respondents were asked about their personal access to health services and medication, as well others in their household. They were also asked about which types of services they skipped and their reasons for doing so. The findings from February 2021 are compared to findings from PERC's August 2020 to understand how access has changed overtime.



19 AU Member States surveyed by PERC

#### **Key findings: February 2021 PERC survey**

More than a year into the pandemic, COVID-19 continues to have severe affects on access to health services and medication in Africa.

Fear of contracting COVID-19 at health facilities, or simply by leaving home, is still the most common reason reported for missed care.

People are not just missing preventive care visits, they are continuing to miss services for life threatening conditions and diseases.

Cost of care remains a major barrier to access, with those most affected by the economic downturn brought on by the pandemic at greatest risk.

#### **Call to Action**

Addressing gaps in service delivery and demand for care is not only critical for detecting, treating and slowing transmission of COVID-19, but also for addressing concurrent health crises. As immediate next steps, Member States must prioritize:

- Vaccinating health care workers and strategically communicating to the public that seeking care at health facilities is safe.
- Provide other protections for health care workers, including adequate PPE, as well as fair compensation, paid sick leave and access to mental health care.
- Continue using an evidence-based approach to identify and offer relief to highrisk populations to limit the affects of the pandemic on their health and nutrition.

# Access to health services and medication

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#### How has the pandemic affected health care access in Africa?

 Of respondents that said they or someone else in their household needed health care, more than 40% have reported skipping or delaying services since the start of the pandemic.



#### How has the pandemic affected health care access in Africa?

Question: When was the last time you or any other person in your household missed or delayed care (as February 2021)?



#### How has the pandemic affected health care access in Africa?

Percent of respondents that said they or someone else in their household in need of care skipped services August 2020 survey compared to February 2021 survey



#### How did health care disruption differ by Member State?

100% Percent of respondents reporting that they or someone in their household in need of health care had skipped services in the previous six months



50%

#### How did health care disruption differ by respondent characteristics?

 Reports of missed care were notably high among people that lost some or all of their income during COVID-19 compared to those that had not lost any of their income. Missed or delayed care was also slightly higher among urban households compared to rural, aligning with higher COVID-19 reported cases rate in cities. This was also the case in August 2020.

> Percentage of households in need of health care that missed services in the previous six months, by income and location



#### How did health care disruption differ by respondent characteristics?

As was the case in August 2020, reports of individual-level missed visits\* among those in need of care
were highest among people with longstanding health issues and those ages 46 and older. This
indicates that issues accessing care were more pronounced among those that likely needed it
most. Women were also more likely to report missed care than men, though only slightly.

Percent of **individual** respondents in need of health care that missed health services in the previous six months, by health status, gender and age



• Of respondents that said they or someone else in their household needed medication, more than 43% reported that they had experienced some difficulty accessing it in the previous three months.

About nine in ten respondents reported that they or someone in their household had needed medication



Among them, 43% said they experienced difficulty accessing their medication in the previous three months\*



\*rebased, 2% reported they did not know

Percentage of households in need of medication that reported difficulty accessing it in the previous 3 months\*

August 2020 survey compared to February 2021 survey





Percentage of households in need of medication that reported difficulty accessing it in the previous 3 months



• Issues accessing medication were highest among the lowest income respondents, as well as those that lost some or all of their income during the pandemic.



### How are misconceptions affecting health care access?



 Widespread belief that health care workers will give you COVID-19 can lead to stigmatization of health care workers in their communities and further prevent people from seeking care.

# **Barriers to seeking health care**

#### What were the reasons people reported for missing care?

Reasons respondents said they or someone else in their household missed or delayed care\* in the past six months



\*respondents could select multiple reasons

## What were the reasons people reported for missing care? Fear of catching COVID-19

Percent of respondents attributing missed care to worry about catching COVID-19



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#### What were the reasons people reported for missing care?

• Fear of catching COVID-19 was also slightly higher among female respondents compared to male, as well as those living in urban areas compared to rural.

Percent of respondents attributing missed care to worry about catching COVID-19

40%



## What were the reasons people reported for missing care? Health facility disruptions

Percent of respondents attributing missed care to health facility disruption/issues



### What were the reasons people reported for missing care? Cost/affordability

Percent of respondents attributing missed care to cost/affordability of health care



#### What were the reasons people reported for missing care?

 Affordability as a barrier to care was more common among those that had lost all their income during the pandemic than those who had not—highlighting how economic issues directly a result of the pandemic are exacerbating health access.



# **Types of health services missed**

#### What were the most common types of health services missed?

Types of health services missed among those that reported skipping care  $(N=4,442)^*$ 



\*5% refused or reported they did not know which types of health services were missed; respondents could select multiple options

#### What were the most common types of health services missed?

Types of health services missed among those that reported skipping care (N=4,442)\*



#### What were the most common types of health services missed?

#### **Fever/chills**

Percent of respondents reporting missing or delaying a health visit for fever or chills



#### What were the most common types of health services missed? Malaria

Percent of respondents reporting missing or delaying a health visit for malaria



#### What were the most common types of health services missed? Women's health

Percent of respondents reporting missing or delaying a health visit for family planning, antenatal care, and/or problems with

