

COVID-19 essential health services policy tracker

Interim findings, October 2020





Mailing Address

PO Box 900922
Seattle, WA 98109 USA

Street Address

2201 Westlake Avenue
Suite 200
Seattle, WA 98121 USA

www.path.org

© 2020 PATH. All rights reserved.

Cover photo: PATH/Gabe Bienczycki

Published October 2020

COVID-19 essential health services policy tracker

Introduction

As the COVID-19 pandemic continues, there is an urgent need to maintain the delivery and quality of essential health services. Routine monitoring has revealed that the provision of health services has been disrupted in many countries¹: missed vaccinations, blocked drug supply chains, and declines in tuberculosis diagnoses, among other consequences. Early pandemic response measures such as lockdowns and reduced public transportation services have contributed to lowered access to services. Progress made toward addressing maternal and child health challenges—such as the fight to eliminate malaria, or to reduce maternal mortality—have seen decade-long gains reversed in less than a year². At the same time, many national and subnational governments have been actively developing policies, strategies, and guidelines related to the maintenance, adaptation, or discontinuation of health services.

COVID-19 essential health services policy tracker

At the request of WHO's Department of Maternal, Child, and Adolescent Health (MCA), PATH, with support from the Bill & Melinda Gates Foundation, is rapidly collecting national and subnational policy materials (e.g. policies, strategies, guidances, operational plans; hereby referred to broadly as “policies”) related to the provision of essential health services during COVID-19, with the objectives of:

- **Describing** government responses across health services and over time.
- **Comparing** government responses to WHO’s operational guidance on maintaining essential health services³, and to responses of peer countries.
- **Identifying gaps** in responses, or *innovative* responses, to help target technical assistance, monitoring, evaluation, research, and learning

The first version of the Policy Tracker database is now publicly [available here](https://bit.ly/COVIDpolicies) (bit.ly/COVIDpolicies). The Tracker is searchable by country, health topic, and health activity, among other metrics.

¹ Ahmed, T., Fernandez, P., Drouard, S., Friedman, J., Hashemi, T., Kakietek, J., Kandpal, E., Rilling, C., de Dieu Rusatira, J., Shapira, G., & Vergeer, P. (2020, September 21). *Monitoring continuity of essential health services during the COVID-19 Pandemic*. <https://www.globalfinancingfacility.org/monitoring-continuity-essential-health-services-during-covid-19-pandemic>

² Bill & Melinda Gates Foundation. (2020). *2020 Goalkeepers Report: COVID-19 - A global Perspective*. https://www.gatesfoundation.org/goalkeepers/downloads/2020-report/report_letter_en.pdf

³ World Health Organization. (2020). *Maintaining essential health services: operational guidance for the COVID-19 context interim guidance*. <https://www.who.int/publications-detail-redirect/WHO-2019-nCoV-essential-health-services-2020.1>

Global comparison of policies to maintain essential health services for Maternal and newborn during COVID-19

Program activity: ANC policies as of **September 2020**

Policy status

- Recommends continuing health services with additional adaptations (telehealth, etc)
- Recommends continuing health services with Infection Prevention Control (IPC)
- Does not mention health service
- No policies reviewed

An exclamation point indicates multiple policies with variable guidance. Countries are colored according to the most supportive policy coded.

User controls

Health area
Maternal and newborn

Program activity
ANC

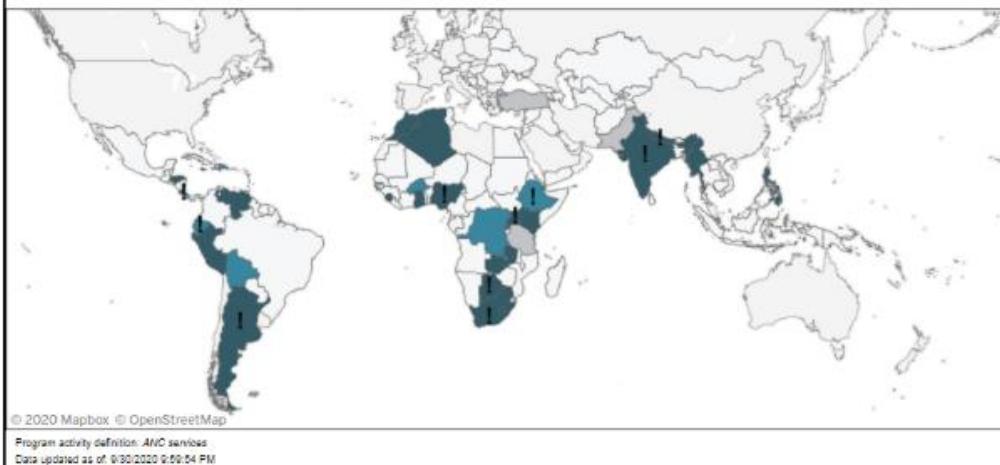
Include draft policies?
 Yes
 No

Date
September 2020

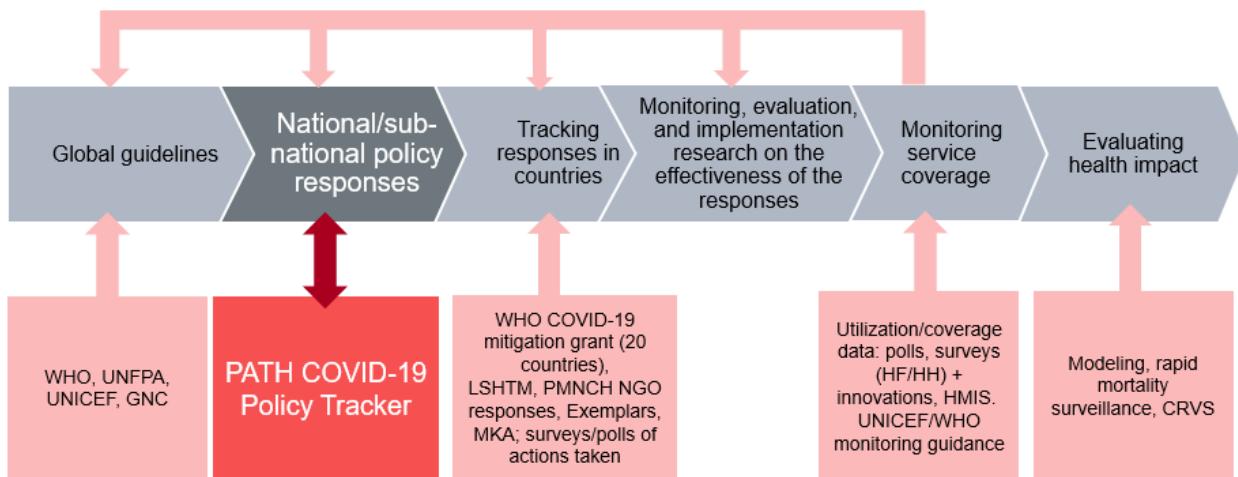
Want more guidance on maintaining essential health services?
[WHO Operational Guidance](#)

Is the dashboard missing a policy?
[Submit a policy](#)

[Back to menu](#)



This Policy Tracker is part of a wide range of ongoing WHO and partner projects to track service disruptions across sectors, and to broadcast the effects of COVID-19 to prevent further disruption:



This work began in March of 2020, and is currently funded through December 2020. PATH and the WHO MCA team hope that in addition to supporting the current pandemic response, it will also help to identify innovative policy approaches that could strengthen the delivery of high-quality essential health services in the future.

Search process

Since March 2020, the PATH team has been actively searching for policies from 119 countries, aligned with the [Countdown to 2030 country list](#). We included any government policy, strategy, guideline, or operational plan that was developed in response to COVID-19 and was directly relevant to essential health services. For example, this does not include government policies to mitigate the transmission of COVID-19 (e.g. stay-at-home orders) or non-COVID policies pertaining to our focus essential health services. We define “essential health services” according to the list of activities in WHO’s June operational guidance.⁴

We identify policies through targeted reviews of ministry of health websites, requests to in-country stakeholders and partners, and submission through a button on our dashboards. More than 80 percent of policies have been identified through active health ministry website searches. We are currently able to review policies written in English, French, and Spanish; as a result, to date there are policies from 21 countries that have not been reviewed. We continue to collect and analyze policies as they are developed or revised, and we update the analysis and dashboards one to two times per month. As of September 2020, only two policies analyzed were updated or revised versions.

Each policy’s content was reviewed and coded against the activities in WHO’s June 1 version of the operational guidance on maintaining essential health services during COVID-19⁵ to determine whether the policy contains guidance on each of nearly 150 health service activities, and what the guidance said. For each health service activity, policies are categorized as either:

- 1) Maintaining the service with the addition of infection prevention control measures (PPE, social distancing, additional disinfection requirements);
- 2) Maintaining but adapting the service (conducting half of a pregnant patient’s ANC visits in person and half via telehealth mechanisms, postponing routine immunization clinics, etc.);
- 3) Reducing, halting, or discontinuing the service, or;
- 4) Not containing any guidance on the service.

In addition to coding each of the specific essential health service activities, we also coded documents for their mention of the health systems building blocks and equity considerations.

⁴ World Health Organization. (2020). *Maintaining essential health services: operational guidance for the COVID-19 context interim guidance*. <https://www.who.int/publications-detail-redirect/WHO-2019-nCoV-essential-health-services-2020.1>

⁵ World Health Organization. (2020). *Maintaining essential health services: operational guidance for the COVID-19 context interim guidance*. <https://www.who.int/publications-detail-redirect/WHO-2019-nCoV-essential-health-services-2020.1>

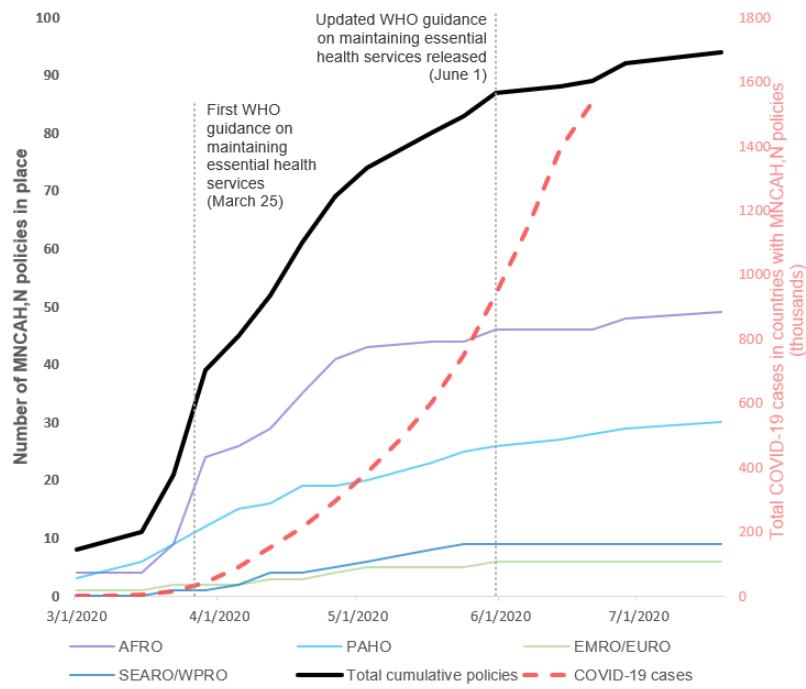


Photo: PATH/Gabe Bienczycki

Initial findings from analysis of MNCAH and nutrition policies

All findings relate to policies identified by September 30, 2020. We identified policies from 65 countries; 21 of those countries' policies were in neither English, French, nor Spanish and have not yet been coded. The remaining 44 countries included 37 countries with policies related to MNCAH,N during COVID-19, across 101 distinct documents. Figure 1 shows the cumulative number of MNCAH,N policies in the database by policy start date, beginning in March 2020.

Figure 1. Number of policies related to MNCAH,N services during COVID-19, by start date, by WHO region (cumulative).



Note: policies were identified between March – July 2020. COVID-19 cases are included through June 30. The total line (black) includes all WHO regions.

Within MNCAH and nutrition, we examined four thematic areas: maternal and newborn health, nutrition, child health, and adolescent health. Maternal and newborn health was written about in at least one policy by the greatest number of countries, with adolescent health guidance the least discussed (Table 1).

Table 1. Number of countries with at least one policy governing an MNCAH,N service during COVID-19, by health area.

Health area	Percent (n) of countries
Maternal and newborn health	86% (n=32)
Nutrition	81% (n=30)
Child health	76% (n=28)
Adolescent health	27% (n=10)
Total	100% (n=37)

In line with WHO's guidance on maintaining essential health services, the majority of countries with MNCAH and nutrition policies reviewed recommended continuing services, either with IPC measures or with additional service delivery adaptations (Table 2), and the type of recommendation does not differ widely across health area. There were only five instances where a country recommended discontinuing a service (concentrated in three countries, with recommendations for suspension in multiple health areas)—and the majority of these were for school-based services.

Table 2. Number of countries with at least one policy governing an MNCAH,N service during COVID-19, by type of recommendation, by health area.

Recommendation	Percent (n) of countries with at least one policy			
	Maternal and newborn	Child	Adolescent	Nutrition
Adapting the delivery of an essential MNCAH,N service to ensure continued provision	69% (n = 22)	68% (n = 19)	60% (n = 6)	40% (n = 12)
Continuing, with IPC measures, an essential MNCAH,N service	72% (n = 23)	75% (n = 21)	60% (n = 6)	83% (n = 25)
Discontinuing an essential MNCAH,N service	3% (n = 1)	7% (n = 2)	10% (n = 1)	3% (n = 1)
Total number of countries	32	28	10	30

Note: Percentages do not sum to 100%, as policies may have multiple recommendations, depending on the service noted. For instance, a policy may recommend adapting ANC while continuing labor and delivery services with IPC. Denominators used to calculate percentage of countries with at least one policy recommendation come from Table 1.

In keeping with the pattern observed in the number of countries with policies governing each health area, the greatest number of policies were written about maternal and newborn health (see bars in Table 3). Within each health area, certain activities—or specific services—were more commonly discussed, including ANC/PNC, labor and delivery, routine immunization services for children, and breastfeeding (see circles in Table 3). This illustrates that while many countries may have written about an MNCAH,N health area in at least one policy, not all services within that health area may be addressed.

Table 3. Number of MNCAH and nutrition policies identified in all countries, by health area and program activity.



Note: The numbers within specific program services will not total to the number within the health areas, as policies often reference more than one health service.

86 percent of MNCAH and nutrition guidance was communicated through detailed operational guidance documents, rather than higher-level national strategies or sector-wide policies. Sixty-two policies addressed more than one health area.

In addition to describing what guidance was included in each policy, the Policy Tracker also includes data on where policies conflict. Discrepancies between documents for the same health activity were identified in 27% (n=10) of countries. Common reasons for discrepancies between policies include: changes to official recommendations over time which are not updated across all documents; different program/department approaches to the same health activity; and the intentional strategy of promoting different service provision strategies in locations where COVID-19 has been confirmed. However, the utility, clarity, and consequences of multiple differing recommendations warrants additional clarification.

Principles of equity, sustainability and health system strengthening in maintaining essential health services

In addition to evaluating what essential health activities were included in each policy, the Policy Tracker also examines how policies integrate principles of equity, gender, multisectoral action, sustainability, and health systems strengthening. Many countries which have a policy that addresses MNCAH and nutrition services also chose to address the health systems strengthening (HSS) building blocks (see Table 4 below) as well as other cross-cutting themes. These were either included in the MNCAH and nutrition policy documents, or in another policy which addressed essential health services. This was sometimes done through explicit guidance on, for example, health financing considerations or workforce recommendations, or by describing how the policy development embodied these principles. As one example, fifteen countries—just over 40 percent—included guidance on community engagement and participation in health services in their policies. This integration of HSS principles in emergency response situations may prove critical to improving health systems and outcomes in future health emergencies and fostering future high-quality health service delivery.

Table 4. Number of countries with MNCAH,N policies which have also issued guidance on cross-cutting themes and HSS building blocks.

HSS theme		Countries with at least one policy containing guidance
HSS themes (general)	Gender	41% (n=15)
	Multisectoral action	54% (n=20)
	Participation/engagement	41% (n=15)
	Sustainability	27% (n=10)
	Vulnerable populations/equity	68% (n=25)
	Community level ¹	57% (n=21)
HSS Building Blocks	Health care financing	27% (n=10)
	Health workforce	73% (n=27)
	Information and research	54% (n=20)
	Leadership/governance	54% (n=20)
	Medical products, technologies	65% (n=24)
	Service delivery	86% (n=32)

1. 'Community level' denotes health service activities at the community level, or actions taken at the community level (e.g. guidance on Community Health Worker (CHW) staffing or service delivery). Note: the figures in this table represent policies that contain guidance on cross-cutting and HSS themes from the 37 countries we examine in this report—in other words, those which have MNCAH,N policies in place.

Discussion

There are several factors which should be noted when interpreting the data in the Policy Tracker. First, we were not able to identify any policies in place at the time of writing for 54 Countdown countries that provided guidance on maintaining essential health services in the COVID-19 context. This could be because guidance exists but was not posted publicly or was not shared by stakeholders, or it could mean

that the country has no guidance. Even in countries with relatively few reported COVID-19 cases, most governments have introduced COVID-19 response policies and other actions to restrict movement (e.g. stay-at-home orders, public transportation shut-downs, etc.) regardless of the government's approach to MNCAH, N or other health services. Access to essential health services can be affected by such measures, and the long-term effect could be detrimental to health outcomes. Further exploration in these countries with missing data is warranted.

Additionally, the data in the Policy Tracker's current iteration only reflects what is contained in policy documents. While policy indicates a government's priorities and objectives, it does not necessarily reflect the reality of health service delivery. Further data is required to draw conclusions on how services are actually being provided—or not being provided. A myriad of factors in the political, social, and economic spheres can prevent policies from being operationalized, and we recommend that additional routine monitoring and targeted research studies evaluate the implementation and effectiveness of governmental actions to maintain essential health services during COVID-19.

Finally, the analysis of these policies' content has thus far been at a high level. In order to fully understand the potential effectiveness of these policies, and to identify promising adaptations to the delivery of essential health services, it will be necessary to continue to conduct more in-depth analysis of policy documents and add more in-depth information to the dataset. This is an ongoing effort of this project.

Next steps in the analysis

In order to address some of the gaps mentioned above, PATH is undertaking an in-depth qualitative analysis of policy documents for five countries': Burkina Faso, India, Ethiopia, Nigeria, and Kenya. This additional exploration will further investigate the policies' content to identify potential innovations and best practices to be shared widely or tested, as well as to describe the potential effectiveness of policy responses considering countries' epidemiological and health system context. This analysis will leverage in-country qualitative insights from WHO consultants and other partner networks, additional policy context around each country's long-term priorities, and any available evidence on the policies' effectiveness—both for the COVID-19 pandemic period and also for the future transformation of health service provision.

Additionally, these deeper dives seek to identify and highlight innovative approaches that countries are taking to manage health service provision through policy. These unique approaches include the establishment of special health service call centers, exemptions for pregnant mothers from COVID-19 related curfews and similar restrictions, and task-shifting of postnatal care for women who have experienced low-risk pregnancies and uncomplicated deliveries. Vignettes of these innovations will be embedded in the dashboards in a future update, as well as the full analysis results. These deep dive analyses are expected to be completed by the end of October 2020.

Considerations

The primary objective of the Policy Tracker is to provide national- and global- level decision-makers with better information on how partner countries are taking steps to maintain essential health services. Global support for countries as they navigate this process is critical. As global leadership navigate how best to support the pandemic response, we would like to offer some considerations to help inform action:

- **Policy implementation and institutionalization:** Partners working at all levels should monitor and support the dissemination and implementation of national and sub-national guidelines to lower management levels.
- **Evaluation:** Global partners and donors should support the rapid evaluation of the effectiveness of adaptations proposed by some countries. This will provide even better data on how innovative approaches are effective—and how the adaptations that some governments are trying will affect other service areas, positively or negatively.
- **Country support needs:** WHO should continue to provide in-country technical expertise to national policy/guideline development, using its networks to identify and transfer best practices from peer countries.
- **Looking ahead:** The global health community needs to learn from the unprecedented situation health systems are facing with COVID-19, not just to better prepare for the next pandemic, but also to transform the way we deliver health services in the future—to make them more data-led, more equitable, and more effective.

COVID-19 Essential Health Services Policy Tracker: bit.ly/COVIDpolicies

Questions or comments? Please contact Jessica Shearer (jshearer@path.org)