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POLICY BRIEF

Mediating the impact of COVID-19 on reproductive, maternal, newborn, child and adolescent health in Afghanistan

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Background

On December 31, a cluster of cases of pneumonia of unknown cause was first reported from Wuhan City, Hubei Province of China. Chinese authorities identified the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) as the causative virus by on 7 January, with evidence of human-to-human transmission by 20th January. Subsequently, the disease termed the novel coronavirus disease 2019 (COVID-19) by the World Health Organization (WHO). On 30 January 2020, the emergency committee of International Health Regulation (IHR) via WHO declared the COVID-19 outbreak as a Public Health Emergency of International Concern (PHEIC), and a pandemic on March 11, 2020. As of 07 June 2020, the total number reported COVID-19 cases reached to about 6,799,713 and about 397388 confirmed deaths in 216 countries and territories (1).

During a pandemic, health systems reallocate and monopolize the human and financial resources as well as medical products to respond to the emergency needs. However, health systems struggle to maintain routine essential health services and this often leads to disruption and reducing utilization by the public. As WHO notes, "People, efforts, and medical supplies all shift to respond to the emergency. This often leads to the neglect of basic and regular essential health services. People with health problems unrelated to the epidemic find it harder to get access to health care services."(2).

The COVID-19 pandemic disrupts the health system- both provision and utilization of health services that predominantly affect vulnerable population groups including women and children particularly in Low and Middle-Income Countries (LMIC). Although limited data are available on the effects of COVID-19 on pregnancy (such as risk of severe disease in late pregnancy, stillbirth risk, or risk to the newborn), the indirect impact on women and children is substantial (3).

Recent evidence suggests that if the coverage and access to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) services reduces between 40–52 % over 6 months, there would be 1,157,000 additional child deaths and 56,700 additional maternal deaths across 188 countries. These deaths represent a 9.8- 44.7% increase in under-5 child deaths and an 8.3-38.6% increase in maternal deaths per month (4). There will also be a substantial increase in stillbirths given the close association and overlapping causes with maternal and newborn deaths and as evidenced by recent analyses of potential indirect impacts of COVID-19 in four countries (5). According to the WHO, at least 80 million children under five are at risk of diseases such as diphtheria, measles, and polio caused by disrupted vaccination programs during COVID-19 (6).

Continuing essential RMNCAH services and programs is critical during the COVID-19 response and ignoring women's and child health care, particularly in LMIC risks an overburdened health system at a later date and consequently poorer health outcomes. At the policy level, WHO has recently released operational guidance to prepare a continuity plan for maintaining good quality and equitable RMNCAH services during the COVID-19 pandemic (7). This guide can be adapted to the country context and improve RMNCAH services during the outbreak. As governments and health policymakers struggle to reduce coronavirus transmission, it is crucial to ensure timely access to RMNCAH services are maintained and put women and children at the priority to prevent the indirect impact of COVID-19 crisis, particularly in LMIC, such as Afghanistan.

Magnitude of the problem in Afghanistan

Afghanistan has made some progress in improving RMNCAH indicators since the health system reform in 2003. According to Afghanistan Health Survey (2018), about 59% of women have access to skilled birth during childbirth, 64% women receive antenatal care, and 20% women have access to modern family planning methods as well as improved immunization coverage and decreased infant and child mortality (8).

However, many women and children still face lack of access to healthcare. The country, burdened by conflict, a weak economy, and fragile health system faces an additional range of challenges in responding to COVID-19. On February 24, the first case of COVID-19 was registered in Herat province, and subsequently the government announced a state of emergency and introduced lockdown measures in Kabul and Hirat which was expanded throughout the country. Up to May 24, the official confirmed number of coronavirus cases reached over 9,200 and 205 deaths in the country. As these numbers are low due to low testing capacity, a much higher portion of the population may have been exposed to the virus (9,10).

The COVID-19 pandemic could have a devastating impact on health of women and children. A prolonged armed conflict, a lack of social protection systems, limited healthcare capacity, persistent gender inequalities and insufficient preparedness and coordination mechanisms at national and provincial levels made the country susceptible to losing maternal and child health gains.

COVID-19 pandemic has exacerbated the disruption of essential RMNCAH services due to barriers to supply and demand for health services. Global Financing Facility for Afghanistan has estimated significant service disruption that have the potential to leave 843,300 children without oral antibiotics for the treatment of pneumonia, 958,600 children without DPT vaccinations, 141,500 women without access to facility-based births, and 494,500 increased unmet need for family planning services. It is estimated that child mortality could increase by 18% and maternal mortality by 14% over the next year (11). Estimates for stillbirths were not included by the Global Financing Facility, but it is anticipated they will also increase substantially as a result of reduced access to antenatal care and obstetric care - both of which are critical for stillbirth prevention (12).

Also, the Health Management Information System (HMIS) data in health facilities indicates a rapid decline in services utilization among women and children in April in 2020 as compared to April 2019. For instance, the national proportional institutional delivery in public health facilities in April 2019 was 74%, but reduced to 32% in April 2020. Similarly, the total Couple Year of Protection (CPY) in April 2019 was about 36,000, and declined to approximately 12,000 in April 2020. The number of neonatal complications admitted in health facilities in April 2019 was 2,134, but in 2020 reduced to only 579 cases. Likewise, the number of acute respiratory infections among children admitted in health facilities reduced from 855,796 in April 2019 to 349,884 children in April 2020 The overall aim of this protocol is to gain an understanding of the transmission dynamics of COVID19 to household contacts of laboratory-confirmed cases of COVID-19, as well as rapid and early information on key clinical, epidemiological and virological characteristics of COVID-19 infection (13).

Furthermore, the MoPH Monitoring Department's recent findings on measuring the IPC practices during COVID-19 in health facilities in Kabul show that most health facilities are faced with shortage of IPC material, lack of PPE for healthcare providers, and lack of health promotion materials on COVID-19 for clients.

This pandemic is causing widespread disruption on both health service provision and utilization that pose significant risk not only direct to the COVID-19 but indirect morbidity and mortality among most vulnerable population group especially women and children.

From the provision of RMNCAH services perspective, the COVID-19 outbreak put strains upon predominantly female healthcare workers due to the shortage of medical resources, scarcity of guidelines /tools for the screening, detection and management of COVID-19, overwork with long shifts, reduced staffing and restrictions on socialization, shortage of personal protection equipment (PPE), fear of becoming infected and possibly infecting families. . Furthermore, supply chains for essential supplies and equipment may be disrupted due to production shifting to COVID-19 related supplies, declines in production due to disruptions in the availability of raw materials, and substantial delays in delivery times due to transport and movement restriction.(14)

Hence, restricting population movement, lost income and increased prices, reduced physical access, exacerbated by reduced transport availability and fear of being infected alongside stigma and gender discrimination have negatively affected the utilization of RMNCAH services (4).

While the COVID-19 response by the Afghan government with the support of the international community is underway, more efforts should be made on the continuation of RMNCAH services. It is essential to protect the gains made over the past decades in reducing maternal and child mortality in the country.

Policy arena on RMNCAH

Despite numerous socio-economic and political challenges and obstacles, Afghanistan has achieved substantial progress in the development its health system in recent years. The backbone of the health system- Basic Package of Health Services (BPHS) and Essential Package for Hospital Services (EPHS)- is functioning, and it has demonstrated significant effects on the health of women and children. The private sector has its own critical role in the provision of RMNCAH services; however, the data on the utilization and quality of private sector care is scarce.

The Government and the health system have prioritized maternal and child health. The public health law, policies and strategies highlight the importance of women and child health as the vulnerable population group in the country. Article 21 of the Public Health Law has obliged MoPH to prioritize maternal and child health and take specialized preventive and curative measures, and provide family planning services. Among national public health top policy priorities are health services especially improving access to, and the sustainability of, quality primary health care particularly for women, the newborn, children, and adolescents, as part of a direction towards universal health coverage (15).

The national health strategy framework emphasizes on improving access and utilization as well as increasing coverage of RMNCAH services (16). The goal of RMNCAH strategy (2017-2021) is to “improve the health, nutritional status, and well-being of women, mothers, newborns, children and adolescents, and avert preventable deaths and morbidity by ensuring appropriate preventive and curative information and services are universally available to every family and community” (17).

These laws, policies and strategies underscore the need for improving access and quality to RMNCAH services on existing and functioning health system. To reduce vulnerability of women and children under COVID-19 emergency situations, MoPH in collaboration with related ministries, local government

entities, international partner organizations and other relevant actors should invest on continuing RMNCAH services and ensure women and children rights are protected during and after COVID-19 pandemic.

Recommendations

The following recommendations will help MoPH and its partners to continue RMNCAH services and reduce gaps in service provision and utilization gaps during the COVID-19 pandemic. The recommendations are aligned with UN agencies' recommendations on continuing RMNCAH services during COVID-19 and promoting women's and child health (6,18).

Strengthen coordination mechanisms in MoPH:

- The existing RMNCAH taskforce and other technical working groups such as family planning, maternal and newborn and child health and gender can be re-purposed for coordination of sustaining the prioritized RMNCAH services in the wake of COVID-19 pandemic. This task force and working groups can develop a short interim plan that can be communicated quickly that includes innovative approaches for continuing RMNCAH services, redesigning essential RMNCAH services in close coordination with MoPH EHIS, GCMU, and Central Hospital Directorate departments.
- Under the national and provincial COVID-19 committee, an RMNCAH and gender focal persons should be included as a member of the essential health services coordination team.

Adapting SRMNCAH services:

- The essential RMNCAH services cover each stage of life-course across the RMNCAH continuum of care, including family planning, post-abortion care, care during pregnancy, labor /childbirth, postnatal and newborn periods, infancy, childhood and adolescence. During this pandemic, some of these services could be reorganized to reduce the demand on an overwhelmed health system with limited resources and protect people from exposure to infection. In the course of reorganizing the RMNCAH services, the standards of care should not be compromised and any modifications should be based on evidence.
- The RMNCAH task force in collaboration with other relevant MoPH departments and professional associations e.g. Afghan Midwives Association (AMA) and Afghan Society of Obstetricians and Gynecologists (AFSOG) needs to develop a phased roadmap during the outbreak. They can identify components of RMNCAH services that can be delayed or relocated to non/low-affected risk areas. Depending upon the outbreak situation in each province and district and capacity of each health facility, evidence-based options on antenatal care, childbirth, postnatal care, family planning, adolescent healthcare, and emergency referral could be considered. Screening, detecting and triaging all clients presenting for care remains a priority to reduce risk of spread. Good IPC (handwashing for clients and providers, wearing masks), physical distancing and other standard precautions are the foundation for all services. Ensure pregnant women with suspected, probable, or confirmed COVID-19, including women who may need to spend time in isolation, have access to woman-centered, respectful skilled essential & emergency care, , and neonatal care, as well as mental health and psychosocial support with readiness to care for maternal and neonatal complications in all health facilities.

- The task force should consider identifying designated RMNCAH centers with triage and isolation areas for COVID-19 suspected or positive cases to sustain the provision of safe and quality services for family planning, safe delivery and management of potential complications, post abortion care, and referral care for newborns and children with serious diseases. The functionality of this process needs to be reviewed and assessed.
- As Afghanistan is one of the countries with high prevalence of domestic and gender-based violence, this pandemic is likely to increase the violence. The most vulnerable population groups for the violence are children, girls, women, and people with disabilities. A comprehensive response for gender sensitive prevention, treatment, and rehabilitation of domestic violence of all types should be integrated into RMNCAH services in collaboration with relevant sectors.

Health workforce:

- While the country is faced with shortage of health workforce[1], the MoPH and health partners need to encourage health partners and civil societies to come up with innovative solutions to urgently identify, recruit, train and deploy to meet the additional requirement for COVID-19 response. However, it should be discouraged to divert skilled providers on maternal and newborn health care to COVID-19 response work. Task sharing or task shifting of RMNCAH care to midwives, nurses, and community health workers should be based on available policies and guidelines. As COVID-19 is a new phenomenon, healthcare providers require training in identification, triage, and management of COVID cases as per the national protocols.
- It is essential to develop, national protocols, training materials, user friendly practical job aids and train healthcare providers on COVID-19 case detection and management, the continuation of RMNCAH services provision, and infection prevention and control (IPC) practices as an essential response to COVID-19. Technologies such as digital health/electronic mentoring mechanisms should be considered for primary and refresher training.
- Health workers also need to be safe to function. RMNCAH care providers involved in the direct care of patients must have access to Personal Protective Equipment (PPE). The protection of health workers, in particular midwives, nurses, obstetricians and anesthesiologists, must be prioritized as critical and lifesaving and they should be provided with personal protective equipment if they are treating patients with COVID-19. Health care providers should be prioritized for testing COVID-19 in throughout the country.
- As numerous health facilities are facing a severe shortage of PPE, it is essential and ethical to protect healthcare providers from contracting with infection. Also, many health facilities immediately need hygiene material (chloride, soap, hand hygiene stations) to protect both healthcare providers and patients.

Essential supplies:

- To ensure uninterrupted supplies for health services during outbreaks, MoPH needs to prioritize essential RMNCAH services. A specific list should be generated, including essential equipment, medicines, commodities, IPC provision, diagnostics, and blood banking. The MoPH needs to strictly monitor using the existing platform for monitoring and reporting the inventory and stock-outs along with a mechanism for quick re-distribution of supplies.

[1] Details on the health workforce available at https://apps.who.int/nhwaportal/

Demand side

- The MoPH in collaboration with other sectors should immediately develop a health promotion strategy to fight COVID-19. The documents should include social behavior change and communication (SBCC) and Information Education and Communication (IEC) on COVID-19.
- Importance of care seeking essential RMNCH services. The strategy should be amended to the existing health promotion strategy and use the functioning platform for the implementation throughout the health system. The strategy should concentrate on how to inform communities about the importance of seeking care from skilled providers, and how and when to access RMNCAH services in designated centers that may have been diverted from usual facilities, use of recommended IPC practices and safe care seeking, information about transport facilities and COVID-19 designated facilities. The users should be reassured that safe care is available with adequate infection prevention.

Monitor performance of prioritized RMNCAH services

- Although HMIS could be disrupted by the COVID-19 outbreak in the country, it is especially important to closely monitor the prioritized RMNCAH services within the available HMIS system (monthly tracking of coverage is recommended). The HMIS needs to be strengthened and carry out a performance improvement to find gaps during the outbreak. It also practical to establish a virtual platform to collect data, report back the analysis, and provide follow-up supportive supervision to address the gaps in these essential services such as BPHS and EPHS, regional, and specialty hospitals. A good example of monitoring performance is the IPC rapid monitoring of Kabul hospitals by MoPH monitoring directorate during the outbreak.
- The RMNCAH taskforce in collaboration with HIMS needs to select core indicators for utilization and quality of essential and prioritized RMNCAH services. These core indicators should be monitored, analyzed, and reported. Subsequently, decisions should be made to address the gaps.
- Existing social media and other learning platforms can be used to monitor performance, document best practices, and share common experiences, challenges, and ideas to improve the RMHCAH situation during and post COVID-19.
- It important to establish the recognition and reward mechanisms for the best performing teams at national, provincial, district and health facilities levels for delivering good quality RMNCAH services in the face of COVID-19.

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