MORE RESILIENT HEALTH SYSTEMS **FROM COVID-19 RESPONSE**

A midwife follows COVID-19 precautions while offering a pregnant woman attending antenatal care a tablet of Fansidar used for prevention of malaria in pregnancy.

COVID-19 is here to stay – it is no longer a short-term global emergency that will soon be "over." Instead, it is a manifestation of changing trends in population dynamics, human behavior, and ecosystems, which have increased the risk of emerging infectious diseases. The COVID-19 pandemic calls for a re-orientation of global health strategies to be more responsive to the emergence and transmission of new infectious diseases.

As the pandemic continues to exact a devastating toll globally on health, livelihoods, food security, the economy, education, and safety, its impact has exposed weaknesses in health systems and infrastructure of the world's wealthy and poor countries alike. The changing epidemiology of the virus and its new variants could quickly shift from being an acute pandemic to becoming an endemic disease requiring a sustained response. Now is the time to assess global capacity for an effective and ongoing response to COVID-19 that deals with the immediate crisis and beyond.

In the immediate future, a shift from an acute pandemic response to a sustainable integrative health response is critical. Efforts should focus on three major areas:

1. Continuing to control and prevent COVID-19;
2. Maintaining essential functions of health systems sensitized to unique country settings; and,
3. Countering the indirect consequences of the pandemic.

The key to building resilient, responsive health systems able to withstand shocks is to orient country health systems to provide people-centered, quality care. This can be achieved by utilizing

innovative service delivery models to foster continuity of essential services and engaging with more diverse populations (people with chronic conditions, with disabilities, aging populations, etc.) in the design, implementation, and monitoring of health services. URC has the technical expertise and experience to strengthen country responses accordingly to support the development and maintenance of strong and resilient systems.

PREVENTING SPREAD OF COVID-19

We must continue to focus efforts on preventing the spread of the COVID-19 virus. COVID-19 vaccinations are a major component of the evolving response, bringing health service delivery and community-led interventions together to achieve greater synergy and impact. URC's multi-prong Plan-Deliver-Provide approach is based on these core guiding principles: country-led contextualized strategy; operational partnerships consolidating thought leadership and resources; leveraging existing funding mechanisms, and continuous monitoring of results and learning for larger global impact (see URC brief Joining Forces for Effective Vaccination Delivery for more detail).

URC recognizes the critical role that surveillance of virus variants plays in preventing COVID-19 and its potential impact on vaccine efficacy. As we learn more about the effectiveness of vaccines against the variants, it may become essential to tailor the vaccines to the predominant strains, which requires strong surveillance capacities. Surveillance strengthening necessitates a multi-level systems-thinking approach that includes population sampling strategies; facility-level collection capabilities; laboratory strengthening; district- to national-level reporting systems; and monitoring and overall quality assurance strengthening.

URC has demonstrated expertise in strengthening all components of health and laboratory systems, including adaptive management of the systems from the national to district to facility levels. Our approach includes conducting analyses to understand system-specific strengths, weaknesses, barriers, and facilitators; employing quality improvement (QI) and implementation science methodologies to generate, contextualize, and use evidence; and investing in local capacity development with a view towards sustainability. URC builds on relationships with the private sector, civil society, community-based organizations, and other stakeholders to strengthen or create pathways for citizens, including the most vulnerable, to express their expectations, demand transparent, trustworthy services closer and safer to the patient, and participate in key decision processes about the design and delivery of services.

MAINTAINING CARE DURING AND BEYOND CRISES

The pandemic has interrupted access to essential reproductive, maternal, newborn, child, and adolescent health (RMNCAH), nutrition, TB, malaria, and HIV services and caused a significant negative impact on mortality and morbidity among these groups[1]. Services such as routine immunization have been shown to be very vulnerable to disruption, leaving children more at risk for death and disability.

It is a priority not only to "catch up" on missed services, but also to strengthen health system resiliency and ability to manage crises. Critical adaptations have been undertaken within health systems to maintain essential services. It is important to learn from these adaptations and employ and invest in the most effective approaches, as well as in those that provide flexibility for rapidly changing conditions, which over time will increase resiliency within health systems.

For example, in the Kyrgyz Republic and the Philippines, URC institutionalized an integrated TB and COVID-19 algorithm for labs to optimize

1 Roberton T, Carter ED, Chou VB et al. Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study. Lancet Glob Health. 2020; 8: e901-e908; Busch-Hallen J et al., Impact of Covid-19 on Maternal and Child Mortality. Lancet Glob Health. 2020; 8: e1257.

Illustrative adaptations led or supported by URC

- Risk communication strategies and interventions to sustain gains and increase demand for antenatal care, postpartum care, facility-based delivery, and expanded programs for immunization. This can include mobile outreach to communicate that services, especially at labor and delivery wards, are safe and available;
- Emergency transportation systems that can be activated during crises when other transportation systems are suspended;
- Adapted service delivery models to reduce dependence on face-to-face contact, such as multi-month scripting and dispensing of medications for people living with HIV/AIDS, TB, and other chronic diseases at the community level;
- Adaptations of service delivery to reduce risk of infection when in-person client-provider contact is necessary, including staggered appointment times;
- Supported self-care, e.g., use of HIV self-testing kits, client-dependent long-acting reversable contraceptives, with follow-up calls and support from health workers;
- Home visits for follow-up of clients who do not own cell phones;
- Greater use of digital and mobile technologies for client follow-up, including telemedicine;
- Redistributing responsibilities and tasks among frontline health workers to optimize health worker availability for emergency response and care and critical essential services;
- Virtual QI meetings for supporting health workers and communities;
- Integrating laboratory services (e.g., integrating testing algorithms or using multiplex testing); and
- Strengthening of infection prevention and control capacities at facilities and community outreach services.

resources and lessen COVID-19 disruptions. Moreover, in 2020, URC scaled up a new drug distribution model by engaging community health workers for the distribution of antiretroviral therapy in Burundi to address the needs of community members and respond to service delivery challenges.

In Uganda, URC supported the Ministry of Health (MOH) to train and deploy community health workers in COVID-19 risk communication to conduct door-to-door outreach and refer pregnant women for antenatal care (ANC) services. These services include critical life-saving interventions and education for pregnant women and their partners about healthy lifestyles, nutrition, and pregnancy danger signs. In addition, ANC providers can offer support, services, and referrals to those who may be encountering domestic violence. At facilities offering ANC and delivery services, URC oriented health workers on the Uganda MOH guidelines for management of pregnant women, breastfeeding women, and infants in the context of COVID-19.

In addition, continuity of health services depends on ensuring the health, safety, and well-being of health workers, who face increased risk of infection, high workload, and burnout. Measures to improve long-term sustainability of the health workforce include:

- Rapid assessments to gauge system, facility, and health worker preparedness and vulnerabilities;
- COVID-19 testing for providers and their families;
- Institutionalization of infection prevention and control measures;
- Personal protective equipment for all cadres as part of facility quality standards;
- Psychosocial support; and
- Support services for childcare, elder care, and other personal responsibilities that may limit health workers' ability to work longer hours during public health emergencies.

As countries move beyond the urgent response phase, a more systematic approach to learning which adaptations improve efficiency and effectiveness of systems functions is needed.

With QI and implementation science as two of URC's core approaches, URC is well-positioned to continue fostering dialogue and collaboration for achieving increased resilience as health systems continue to adapt and learn during the pandemic.

COUNTERING IMPACT OF PANDEMIC

We are seeing across the world that vulnerabilities are being compounded by this pandemic – those already vulnerable are facing added stressors, further increasing vulnerability, while others are members of "newly vulnerable groups," such as those struggling with obesity and people with certain chronic conditions at heightened risk for severe illness from COVID-19. Recent research has shown that, for example, diabetes is not only a risk factor for severe COVID-19 illness, but infection with COVID-19 can increase risk of acquiring diabetes in patients with no history of the disease[2]. The same applies for mental health and for people living with disabilities, conditions now recognized as both risk factors for, and consequences of, COVID-19.

Health systems and services must be reoriented and strengthened to mitigate the compounding effects of the pandemic on overall health. Increased attention must be given to often under-addressed issues:

- Food insecurity that increases stunting and wasting among children;
- Violence against women and children with the expansion of services to victims;
- Increased availability of mental and psychosocial health services; and
- Integrated service delivery to address co-morbidities and non-communicable diseases, serve aging populations, and respond to service delivery challenges in rapidly urbanizing settings.

USAID Cure Tuberculosis Project facilitates move to online TB Concilium for patient care during COVID-19

URC is generating evidence about adaptations and effectiveness of different approaches to address these issues. URC's Health Evaluation and Applied Research Development (HEARD) Project is supporting implementation research on community-based psychosocial support approaches. This includes documentation of COVID-19 related adaptations in five countries, and ongoing learning and adaptation through a learning collaborative of implementers, researchers, and donor organizations.

For example, to address increases in gender-based and intimate-partner violence during the COVID-19 lockdown in Uganda, the RHITES-EC Project integrated prevention messages into radio spots and scaled up outreach efforts, bringing more clients into care.

A positive spill-over effect of the pandemic should be stronger and better performing health systems. URC is poised to continue our support to countries to strengthen systems, be more responsive to current and changing contexts, and ensure equitable access to health care and healthy environments for all.

Contact: Dr. Carlos Cuéllar, *Executive Vice President*, ccuellar@urc-chs.com; visit https://www.urc-chs.com/covid-19

2 F. Rubino, S. Amiel, et al. New-Onset Diabetes in Covid-10. New England Journal of Medicine 2020; 383: 789-790.