Health Systems Strengthening in Light of COVID-19

Kelly Saldana, Director
Office of Health Systems, Bureau for Global Health
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Health systems resilience before, during and after emergencies

Intensity of shock / Stressor impact

- Severe
- Moderate
- Mild

Type of responses required
- Stability
- Flexibility
- Change

Absorptive Capacity (Persistence)
Adaptive Capacity (Incremental Adjustment)
Transformative Capacity (Transformational Responses)
Health impacts to date

- Interruptions or delay in outreach and campaigns, including polio and supplementary immunization activities, NTD Mass Drug Administration and ITN mass distribution, IRS, seasonal malaria chemoprevention

- Reduced careseeking and continuity of treatment due to limited mobility and fear of transmission at health facilities

- Reduced rates of case identification and notification (TB and HIV)

- Repurposing of facilities and laboratories to prioritize COVID-19
Modeled impacts of service disruptions

Scenarios of ITN and case management service disruptions.

- Morbidity and mortality from malaria will increase by ~10% if mass campaigns are not conducted as scheduled.
- If access to effective case management is also severely disrupted in these countries, malaria cases will increase ~25%, while deaths would increase by ~100%.

A decline in access to short-acting FP methods could result in:

- 3-10% reduction in the number of contraceptive users and 156,000-7.3 million additional unintended pregnancies in USAID FP/RH priority countries, depending on the magnitude and duration of the disruptions.
Impacts of COVID-19 on health systems

- Shortages of health workers
- Supply chain disruptions and stockouts
- Increased barriers to access
- Disruptions to service delivery
- Loss of trust
Programming opportunities in the wake of COVID-19

• Attention to the foundational, cross-cutting health system needs.

• Integration of global health programs at community and service delivery levels

• Making health systems more resilient through:
  o Absorptive capacity building;
  o Adaptive capacity building; (or)
  o Transformative capacity building.
What can be done right now to mitigate long term impact?

- Address regulations and policy barriers
- Bolster health workforce capacity
- Shore up availability of essential services, medicines, devices, and supplies
- Reduce financial and access barriers for essential services and medicines
- Strengthen communication and use of information technologies
Examples of USAID HSS responses underway

• Virtual knowledge exchange between Ghana, South Korea and Singapore to equip Ghana's Presidential Coordinator for COVID-19 response team with real-time insights into managing a pandemic response.

• Lab and referral systems strengthening, coaching on screening and detection, dissemination of hygiene messages for low literacy audiences, and risk communications in Laos, Colombia, and Central Asia.

• Strengthening infection prevention and control including medical waste management in designated health facilities and in Ethiopia, Kenya, and other African countries soon to be announced.

• Distance learning modules to train more than 6,500 healthcare professionals in the Philippines on infection prevention and control and supply chain for COVID-19.