



# Optimizing Reproductive, Maternal and Child Health Services in the Midst of the COVID-19 Pandemic: The Ghana Experience.

PRESENTED AT

THE HEIDELBERG GLOBAL HEALTH LECTURE SERIES

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# Outline

- ▶ Ghana's Health System
- ▶ Introduction to COVID in Ghana
- ▶ Background to Development of Guidelines for RMNCAH
- ▶ Service Guidelines
  - ▶ Some Highlights
- ▶ Response & Adoption to other Essential Health Services & Systems
- ▶ Data
- ▶ Lessons Learnt
- ▶ Conclusion
- ▶ Monitoring



Ghana

# At a Glance

Ghana located in West Africa

Population: 30.8 Million

16 Administrative Regions

Capital City Accra

261 Districts

Health System – Ministry of Health with 24 Agencies

Ghana Health Service (Largest Service Agency)

Service Delivery

Operational Levels

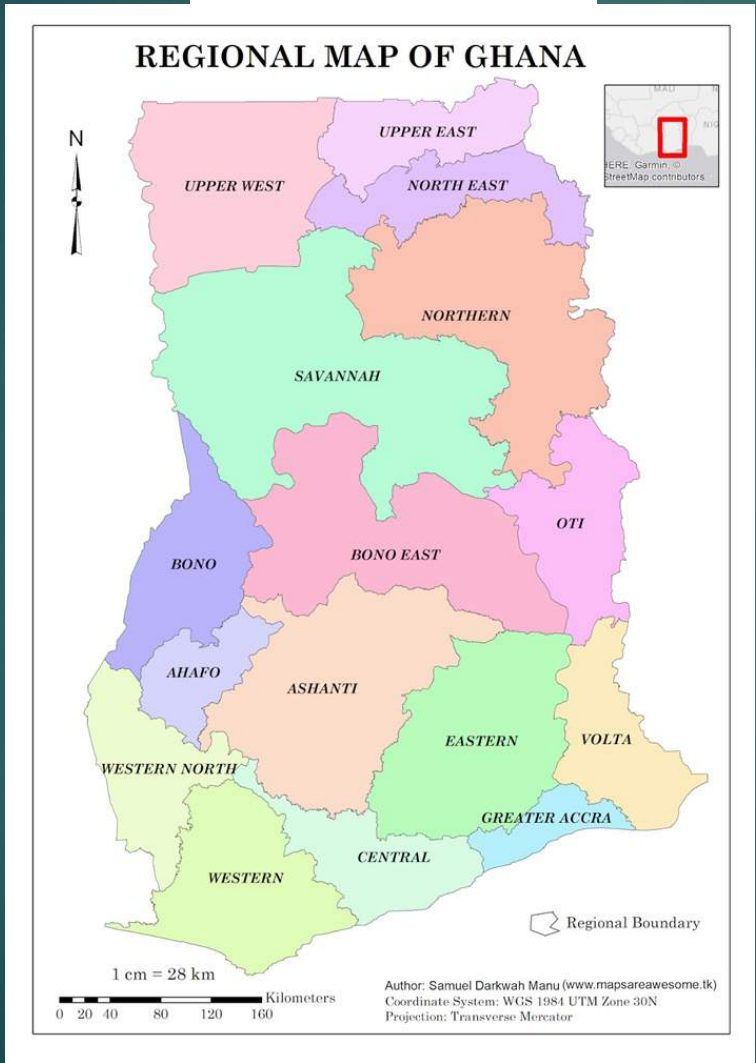
Types of Services

Static ((Hospitals, Clinics, specialized clinics, Public/Private)

Outreach

Community/ Home Visits

Telemedicine other innovations



# Introduction

- ▶ WHO declared the novel Coronavirus (SARS-CoV2) outbreak as a Public Health Emergency of International Concern in January 31, 2020 and subsequently, a pandemic on March 11<sup>th</sup>, 2020.
- ▶ The first cases of COVID-19 in Ghana were reported on 12<sup>th</sup> March 2020
- ▶ On Mar 16<sup>th</sup>, all schools were closed
  - A ban on all social gatherings was put in place.
  - Starting on March 22<sup>nd</sup> 2020, all air, land and sea borders were closed
  - Beginning on March 27<sup>th</sup> 2020, a three-week partial lockdown was imposed in parts of Greater Accra and Ashanti Regions.

# Introduction – Government Objectives

- Government outlined its objectives for the response to limit the effects of the pandemic on socio-economic activities.
  - Limiting and stopping the importation of cases
  - Detecting and containing cases
  - Caring for the sick
  - Social and economic responses to protect the most vulnerable
  - Improving domestic capacity and deepening self-reliance



# FHD Initiative



Isabel Steckel  
@IsabelSteckel

everyone: quarantining is a great time to do that thing you've always wanted to get done: write the script, organize the closet, learn a new recipe



I miss canceling things and saying no to gatherings on my own terms.

SHILPA shilpa.com



# Anticipated Challenges to Service Delivery During Epidemics

- ▶ Reduction in attendance at ANC, PNC, CWC leading to reduced coverage for essential interventions
- ▶ Reduction in skilled delivery putting women and newborns at risk
- ▶ Delayed care seeking for illnesses in general
- ▶ Increased morbidity and mortality – Neonatal, Infant, Maternal etc.
- ▶ Reduced RH FP, ADHD

# Rationale for Development of Guidelines

- ▶ The response to the COVID-19 pandemic continues to put great demand on our health system
- ▶ Need for a coordinated action to maintain essential health service delivery particularly for Reproductive, Maternal, Newborn, Child and Adolescent Health

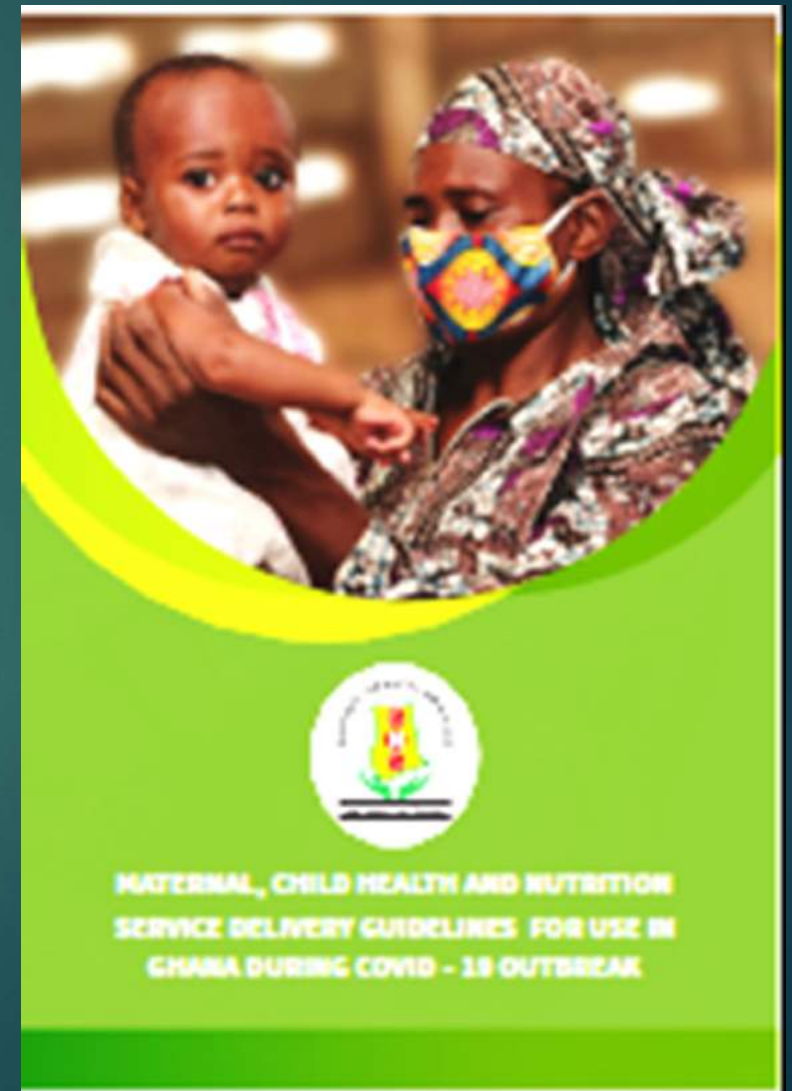


# Objectives of Guidelines

- ▶ The guidelines recommend how the Health System could be reorganized to maintain access to safe, essential quality health services for women and children
- ▶ **Aims to:**
  - Limit direct morbidity and mortality from COVID-19 and
  - Avoid increase in indirect mortality (e.g. maternal and newborn mortalities) due to lack of other routine essential services

# General Arrangements for Service Delivery

- ▶ Service Delivery Approaches
- ▶ Home Visits
- ▶ Promoting Social Distancing at Clinics
- ▶ Special Considerations for Lock-down
  - ▶ **For regions and districts under lock-down**
  - ▶ **For regions and districts Not under lock-down**
- ▶ IPC During Service Delivery
- ▶ Information and Communication
- ▶ Enabling Arrangements



# Service Delivery Approaches

- ▶ All routine services continue with recommended modifications
- ▶ Mass vaccination campaigns temporarily suspended due to increased risk of community circulation. To be re-evaluated at regular intervals
- ▶ Daily provision of services for ANC, PNC, immunizations, Vitamin A supplementation, growth monitoring, FP etc. recommended at all facilities to reduce crowding; for the ease of social distancing arrangements
- ▶ Daily CWC

# Home Visits

- ▶ Home visits should be limited to at-risk clients only, e.g. mothers with preterm babies, malnourished children, and pregnant women with complications.
- ▶ Health workers conducting home visits should wear appropriate PPEs – face masks and gloves (and carry sanitizers at all times for use and ensure hand washing when appropriate)

# Promoting Social Distancing at Clinics

## **Reorganize clinics to allow social distancing:**

- ▶ Arrange for open-air seating.
- ▶ Operate 2 or more clinics concurrently for smaller client numbers
- ▶ Provide focused ANC
- ▶ Operate appointment system with date and time

# Special Considerations for Lock-down

## **For regions and districts under lock-down**

- ▶ Services should be mainly delivered at static points in health facilities. Routine community outreaches should only be conducted to hard-to-reach areas.

## **For regions and districts that are not under lock-down**

- ▶ Service delivery continues at static points in health facilities and communities, following all guidelines provided in this document
- ▶ Consider increasing community-based approaches, including community outreach to reach women, newborns and children

# IPC During Service Delivery

- ▶ Disinfect all surfaces and equipment before, during and after the clinic
- ▶ Mandatory triaging for all clients (and providers) using GHS-approved check-list before admission to waiting area. Refer if needed.
- ▶ All service providers should wear the appropriate PPE, minimum; face mask that must be replaced daily, and more often if necessary
- ▶ Provide adequate hand washing/sanitizing facilities for all clients and service providers
- ▶ All clients and providers should wash hands (and hands of children) thoroughly before being admitted to the waiting area
- ▶ Establish effective patient flow (screening, triage, and targeted referral) within the facility

# Information and Communication

## Provide clients and general public information on

- ▶ Current arrangements to improve access for routine services
- ▶ Contact numbers for service providers and other relevant services to reach when they have questions
- ▶ Danger signs for pregnant women, newborns and children, using the combined Maternal and Child Health Record Book
- ▶ Prevention of novel Corona virus infection including social distancing, hand hygiene, respiratory hygiene and recognition of signs of infection and actions to take.
- ▶ The need to desist from stigmatizing patients with COVID-19

**Repeat messages several times a day during clinic sessions!!**

# Enabling Arrangements

- ▶ Facilities to adopt strategies for attending to the needs of clients (women, newborns and children) who are in quarantine/isolation as a result of having been affected by COVID-19.
- ▶ The agreed strategies should be clearly communicated to all staff of the facility.
- ▶ Leadership to consider re-distribution of health workforce by re-assignment, task sharing etc. to ensure continuous service delivery
- ▶ Adopt strategies to maintain availability of essential medications, vaccines and supplies
- ▶ The use of case definitions for priority diseases including vaccine preventable diseases (VPDs) should continue at all service delivery points to identify and report cases promptly.  
**(NB: Surveillance is continuous)**
- ▶ Service providers should call 112 if they experience fever, cough, difficulty in breathing or general body weakness.

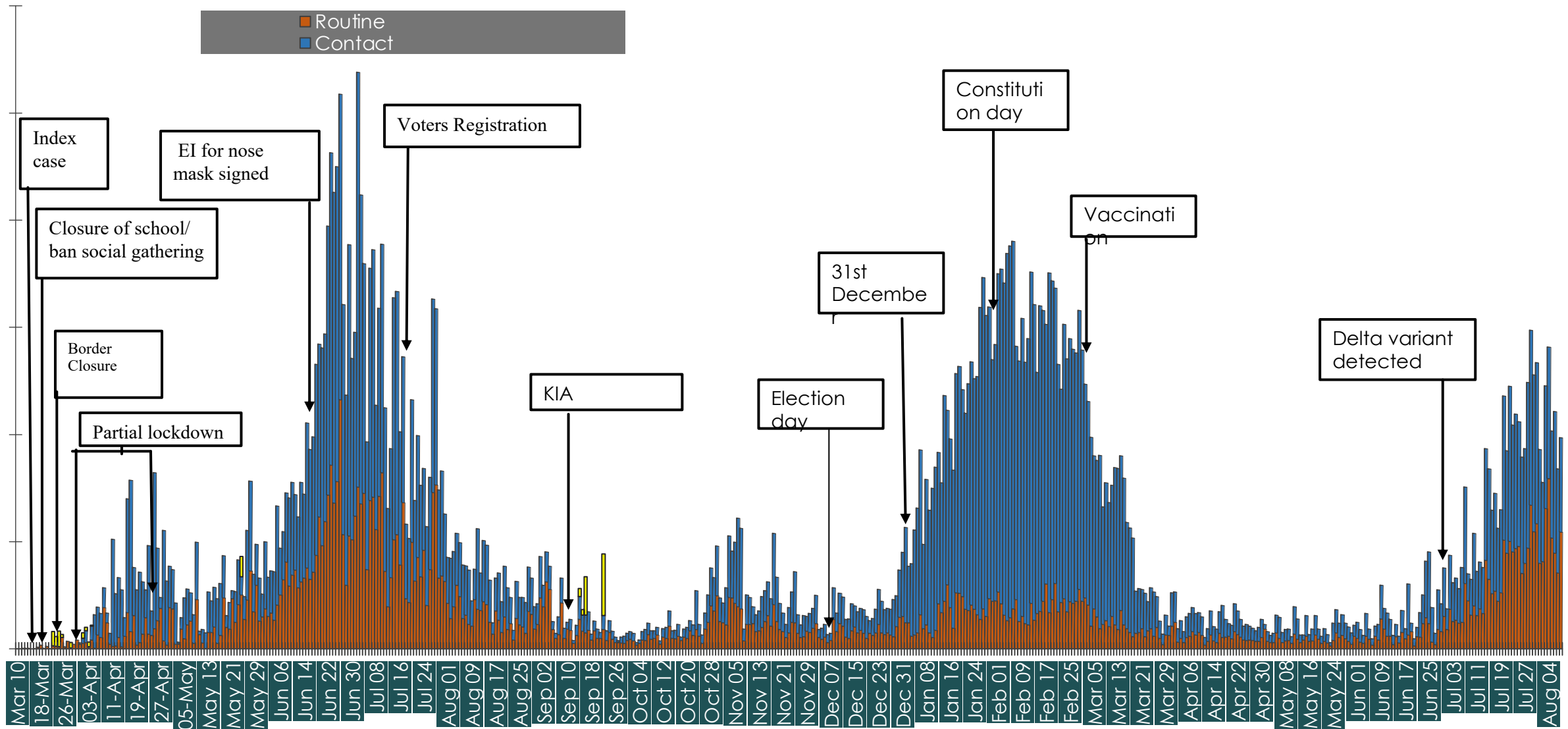


# Achievements

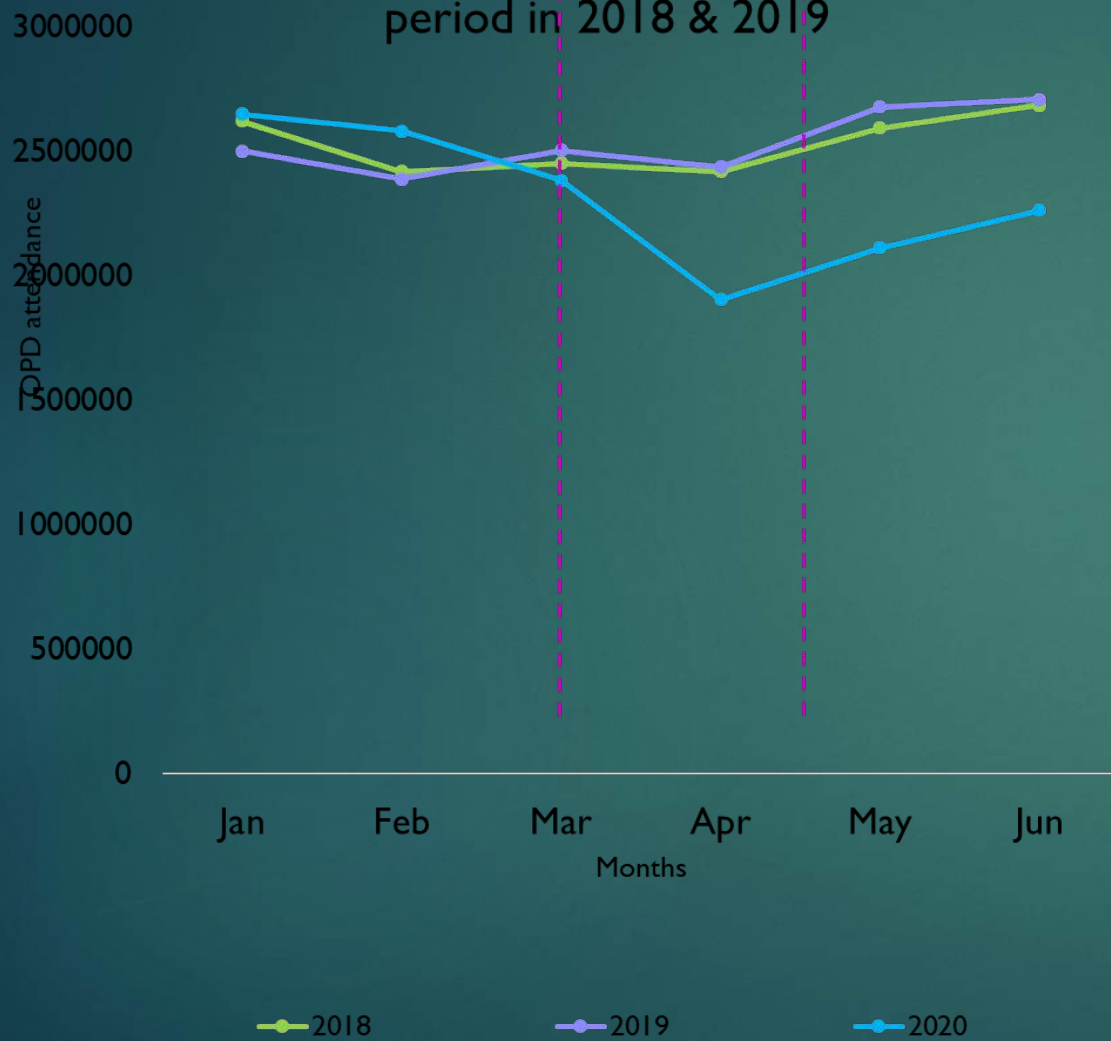
- ▶ For most of the indicators, the decline in coverage was seen from the period of lock down that occurred for the first three weeks in April 2020.
- ▶ The greatest reduction in utilisation of services was seen during the first reported cases through the lockdown period from March to April 2020
- ▶ The early response and the interventions put into place led to recovery in coverage of most of the key service indicators.
- ▶ At the end of the year (2020), with the exception of total OPD attendance and admissions most of the other indicators had recovered from the decline.

# Public Health and Social Measures and COVID-19

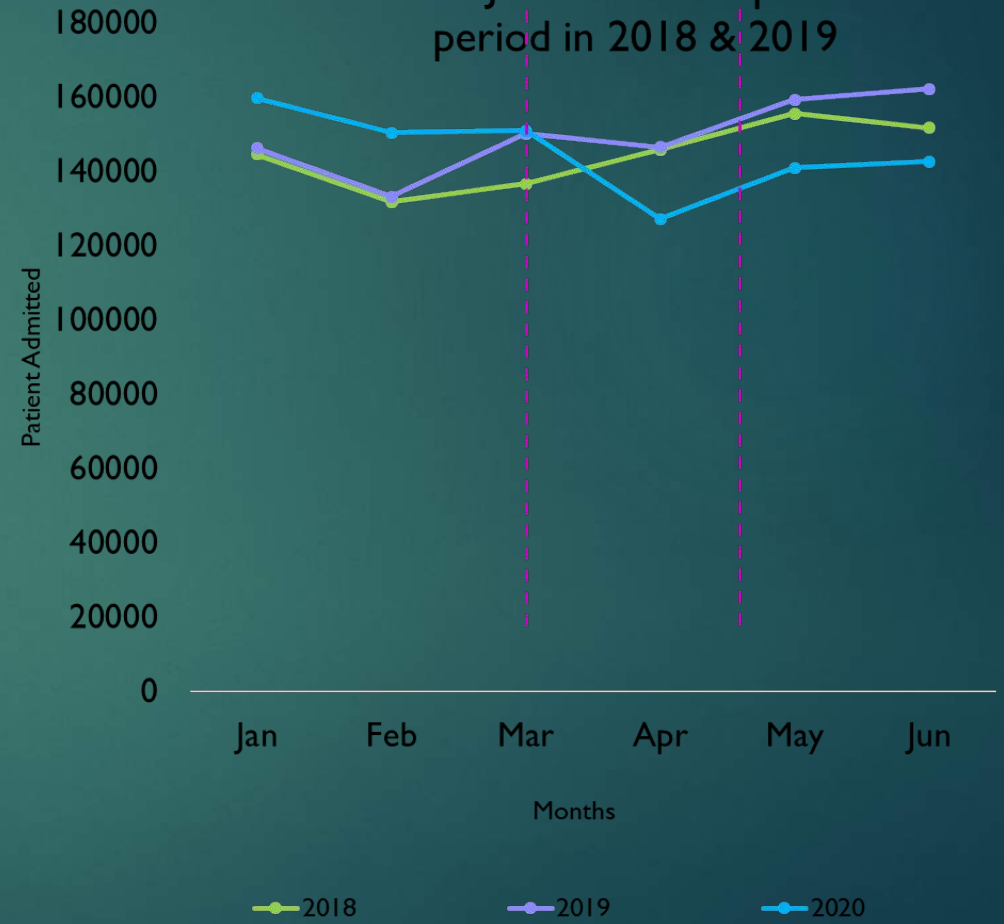
## Epidemiological Situation



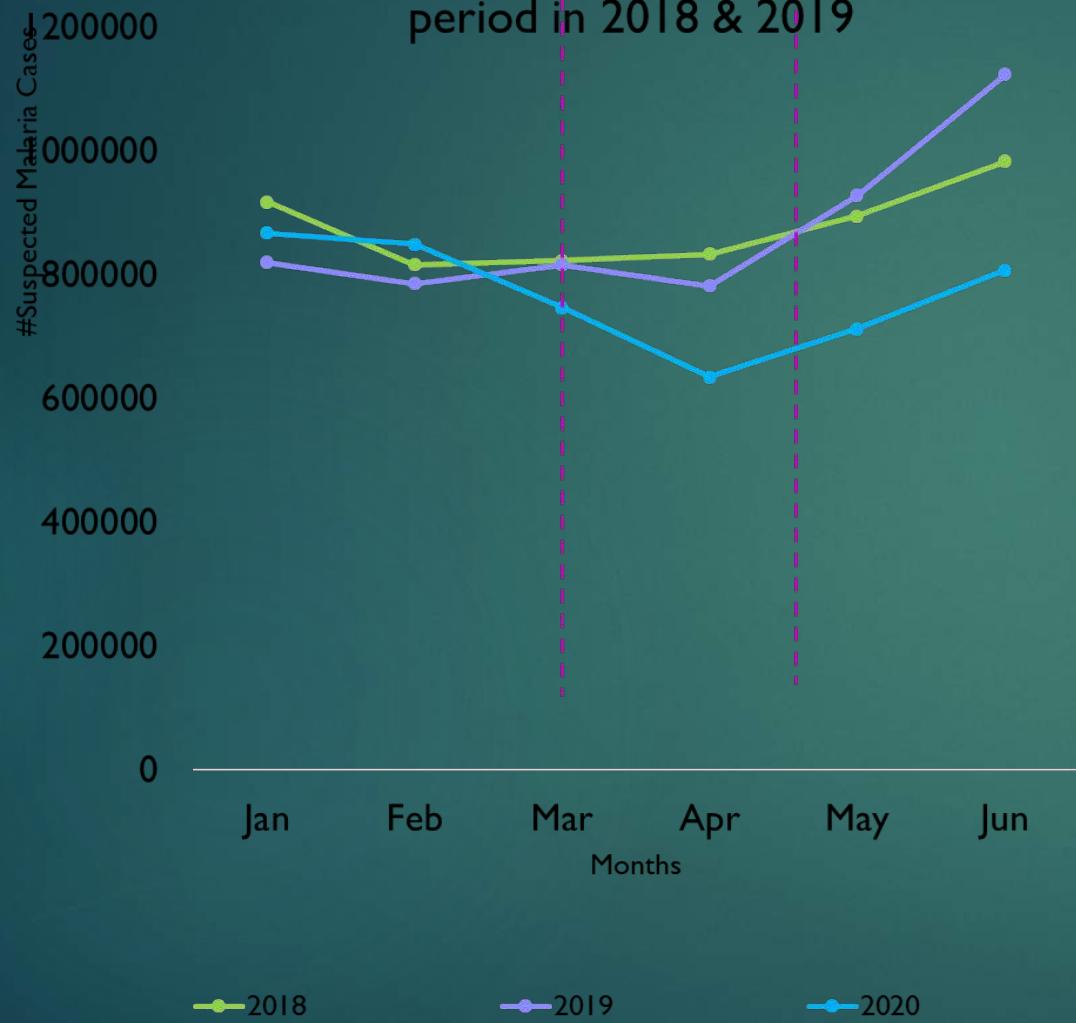
Decline in trends of OPD attendance at the health facilities in Ghana from March-June 2020 compared to same period in 2018 & 2019



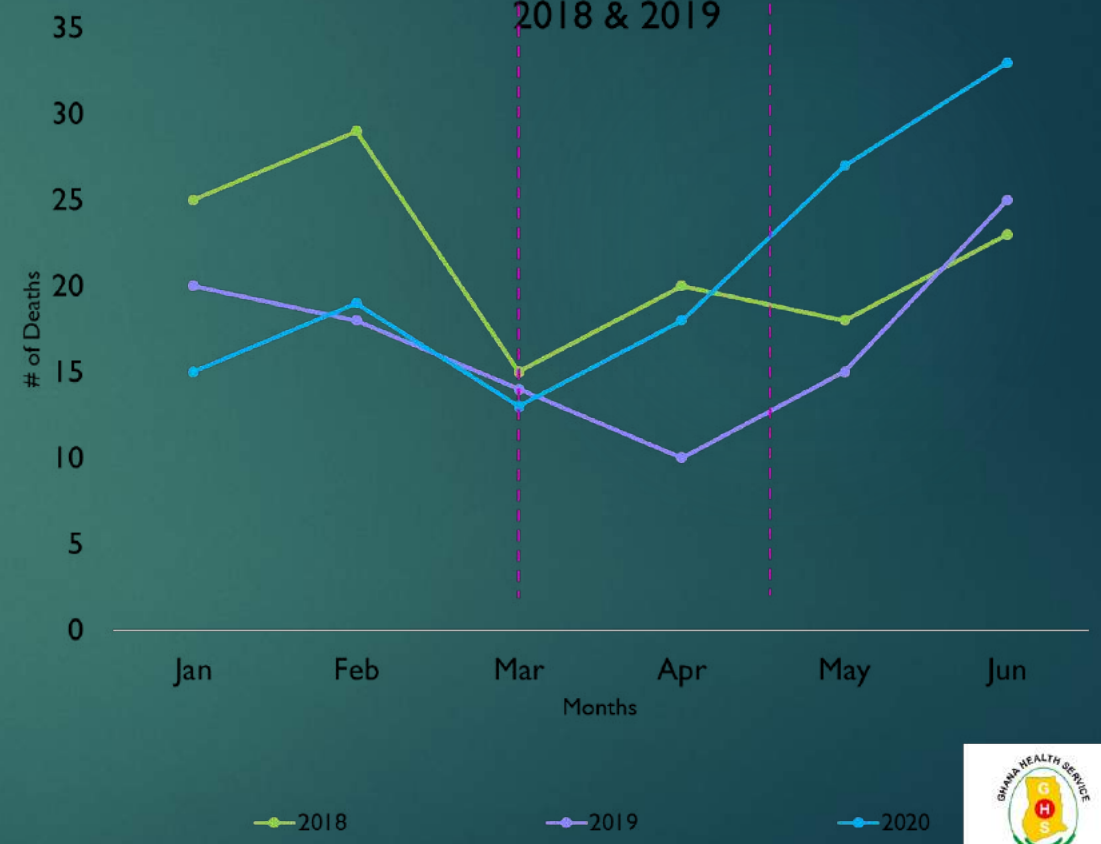
Decline in trends of Patient admissions at the health facilities in Ghana from March-June 2020 compared to same period in 2018 & 2019



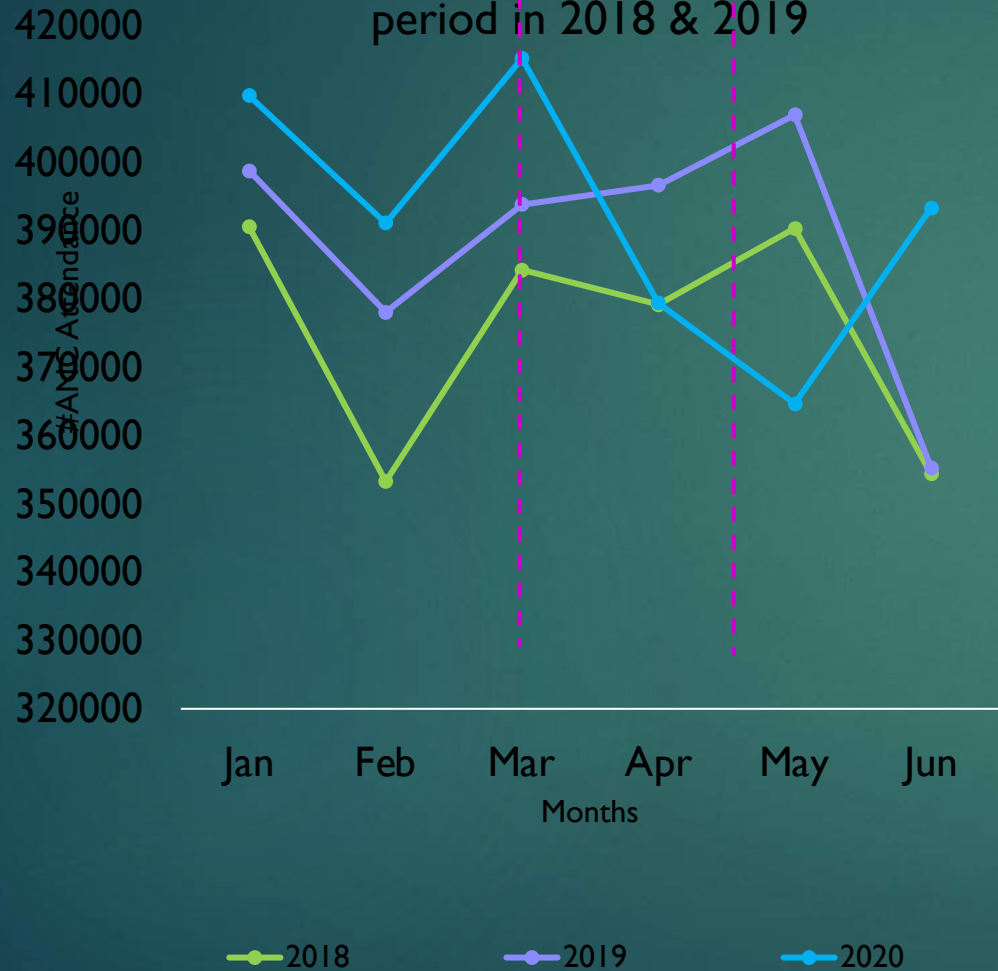
## Decline in trends of Suspected Malaria Cases at the health facilities in Ghana from March-June 2020 compared to same period in 2018 & 2019



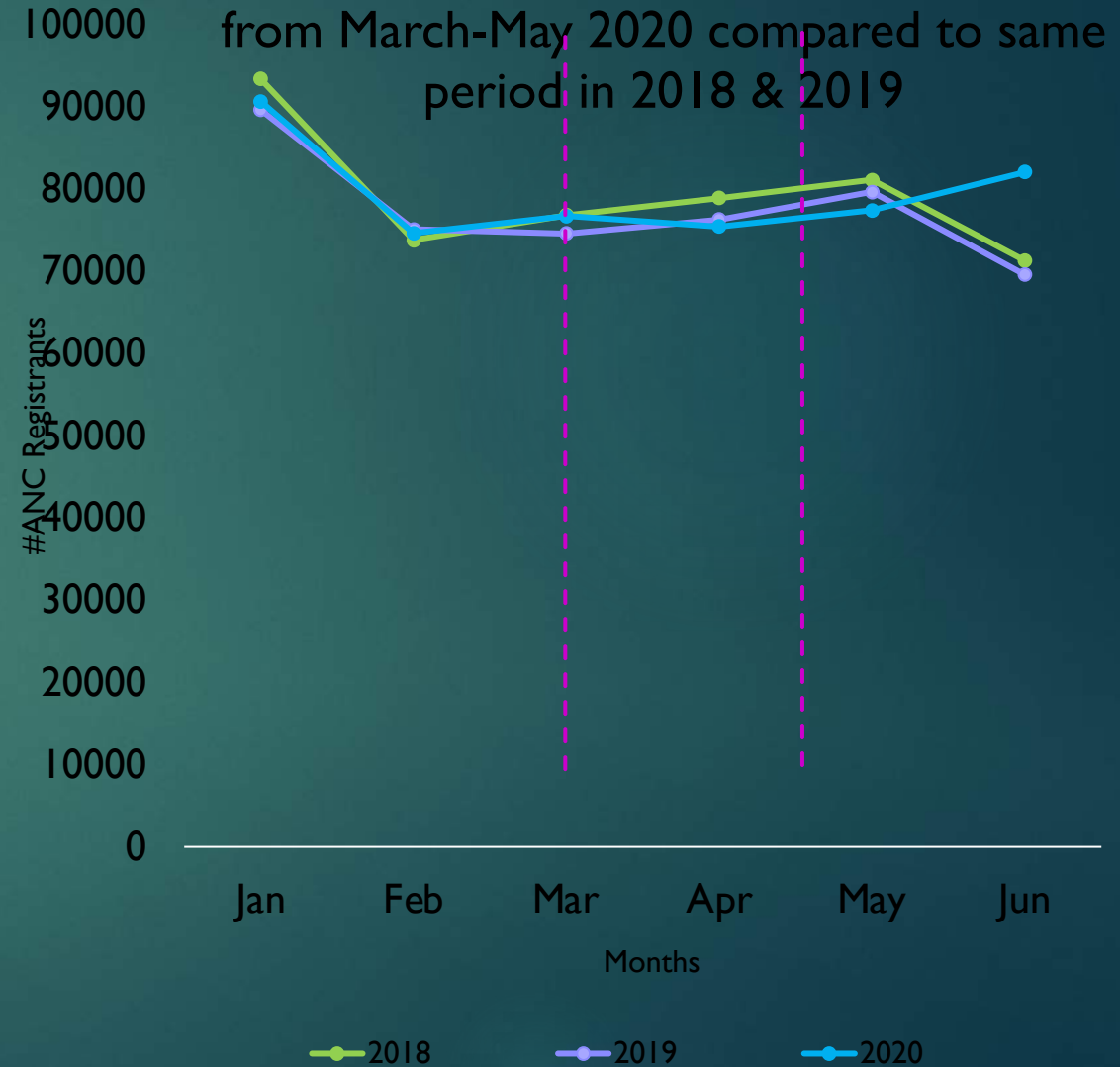
## Increase in trends of Malaria Deaths (<5 & ≥5 years) at the health facilities in Ghana from March-June 2020 compared to same period in 2018 & 2019



Decline in trends of ANC Attendance at the health facilities in Ghana from March-May 2020 compared to same period in 2018 & 2019



Slight decline in trends of ANC registrants at the health facilities in Ghana from March-May 2020 compared to same period in 2018 & 2019



# Reasons for the disruption- Anecdotal

Fear - HCW



Not available to supply service; reluctant

Fear - Care  
Givers/Patients



Non-patronizing of available service

Re-alignment of Staff



EPI, Routine surveillance compromised.

Lockdown and  
Movement Restrictions



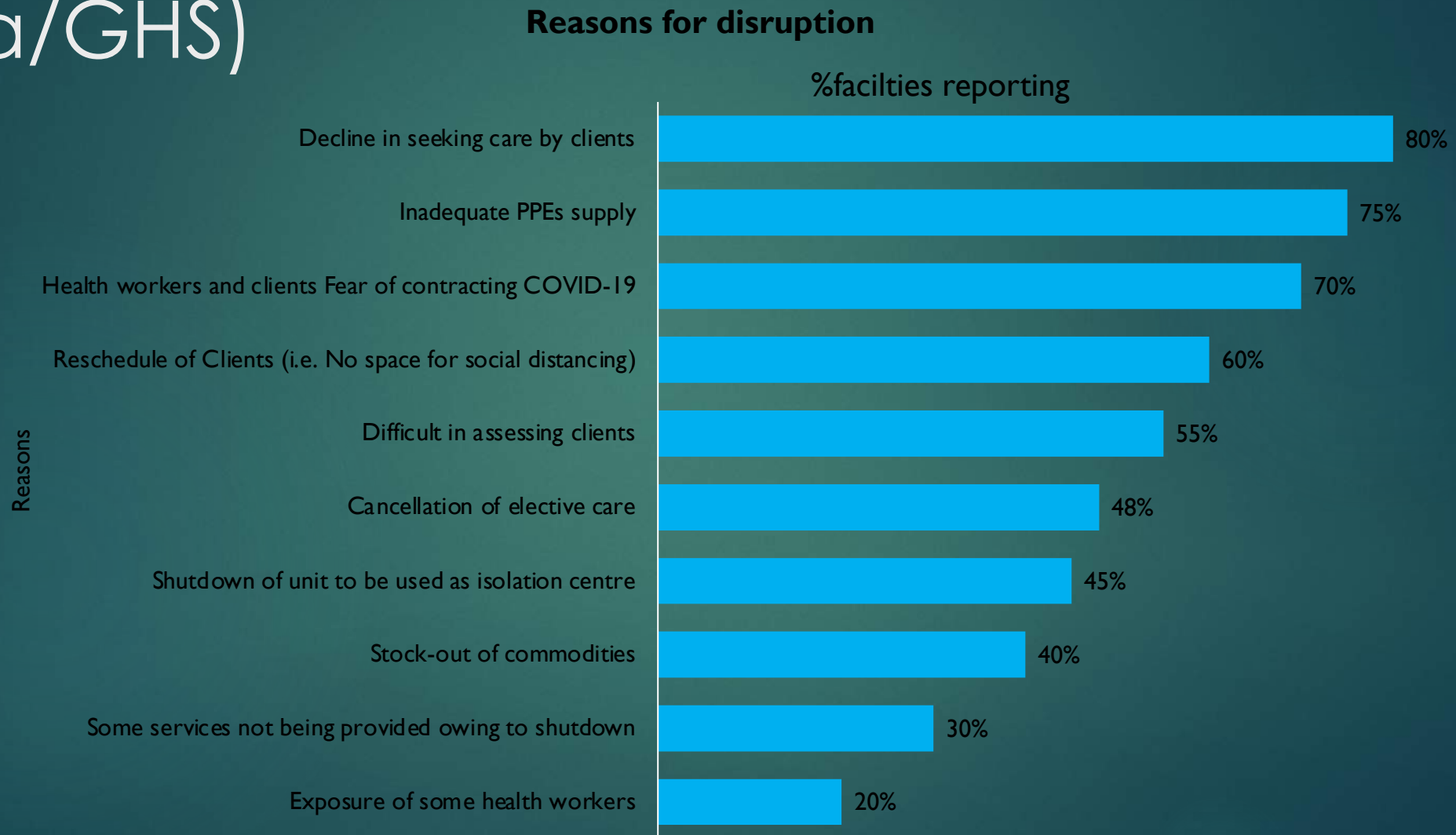
Postponement of Planned activities

Routine Data Review



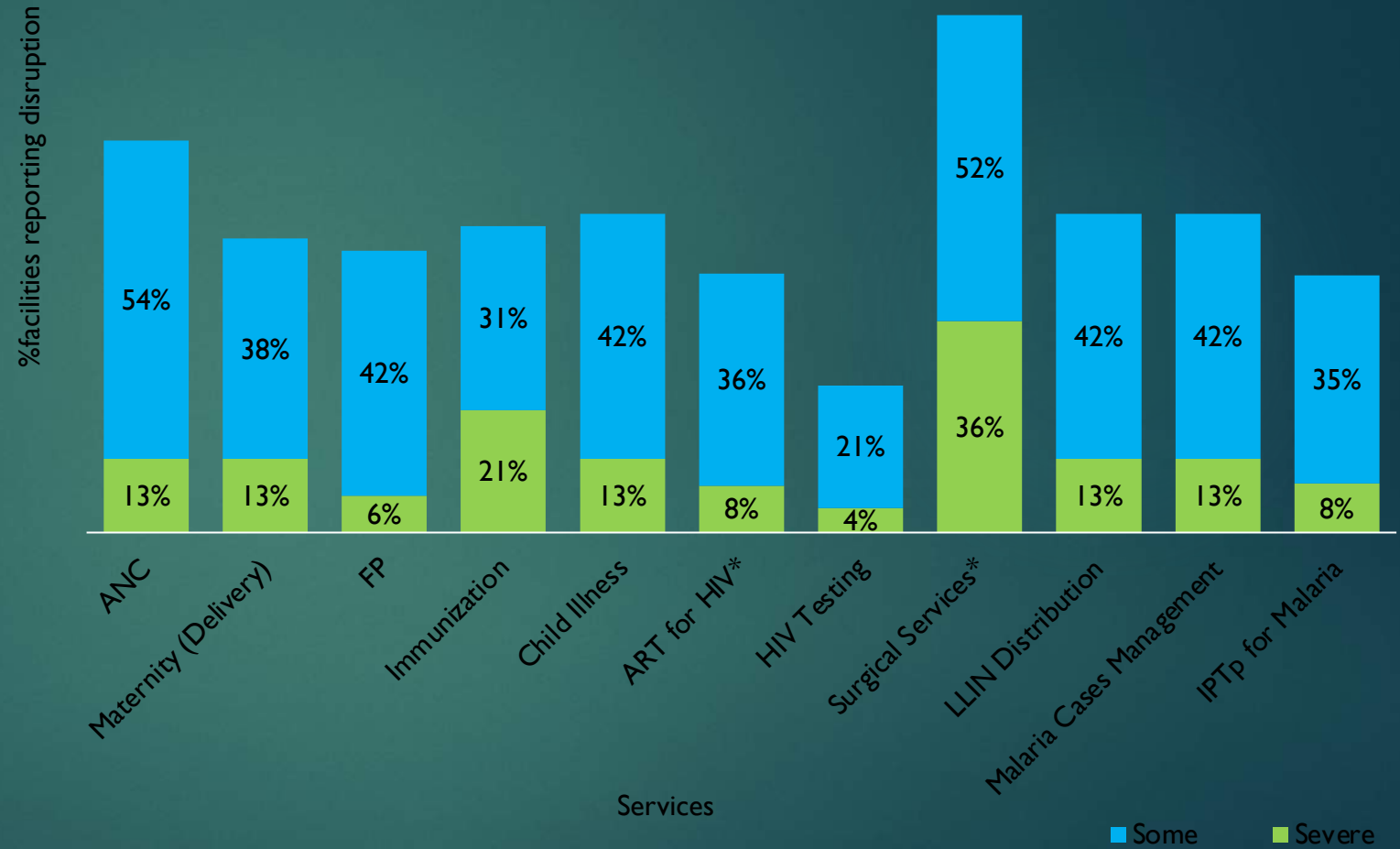
Decline in KPI

# Reasons for disruptions from rapid assessment (IMPACT Malaria/GHS)



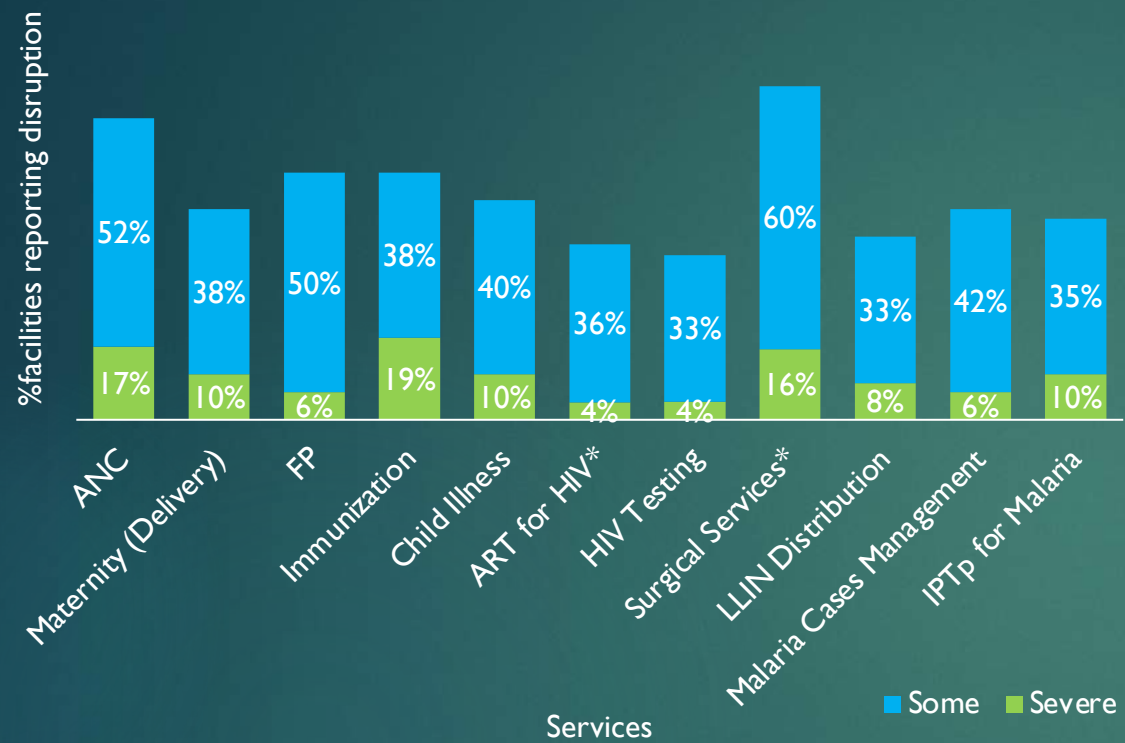
# Service Disruption (N=48)

## MNCH/FP/RH, HIV and Malaria Service Disruption

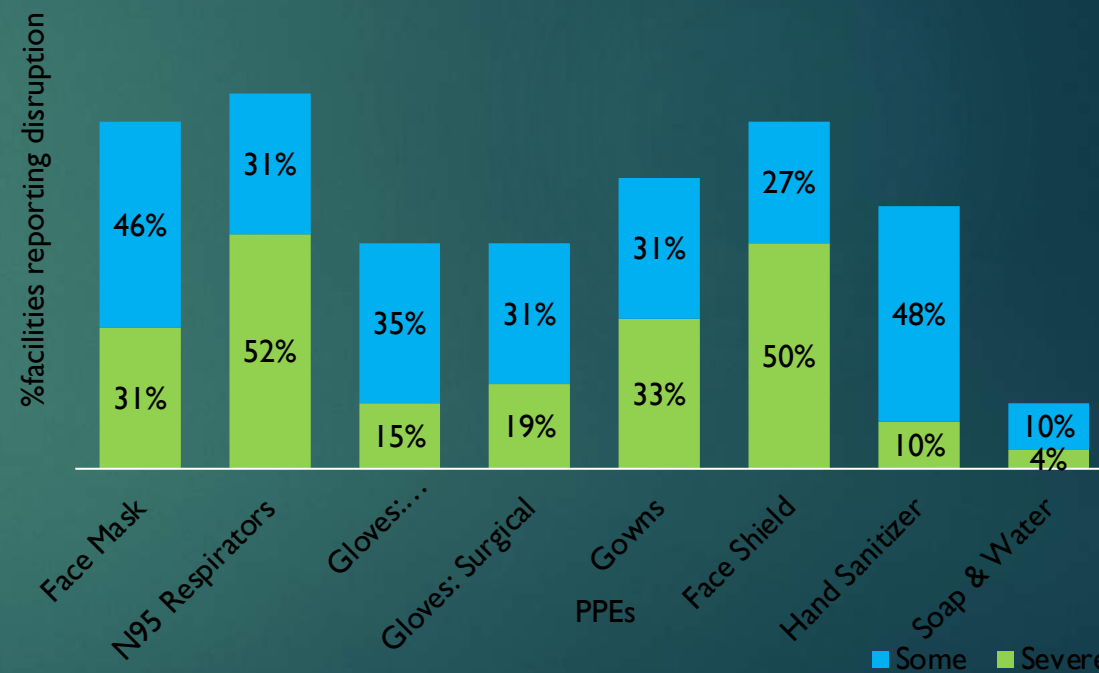




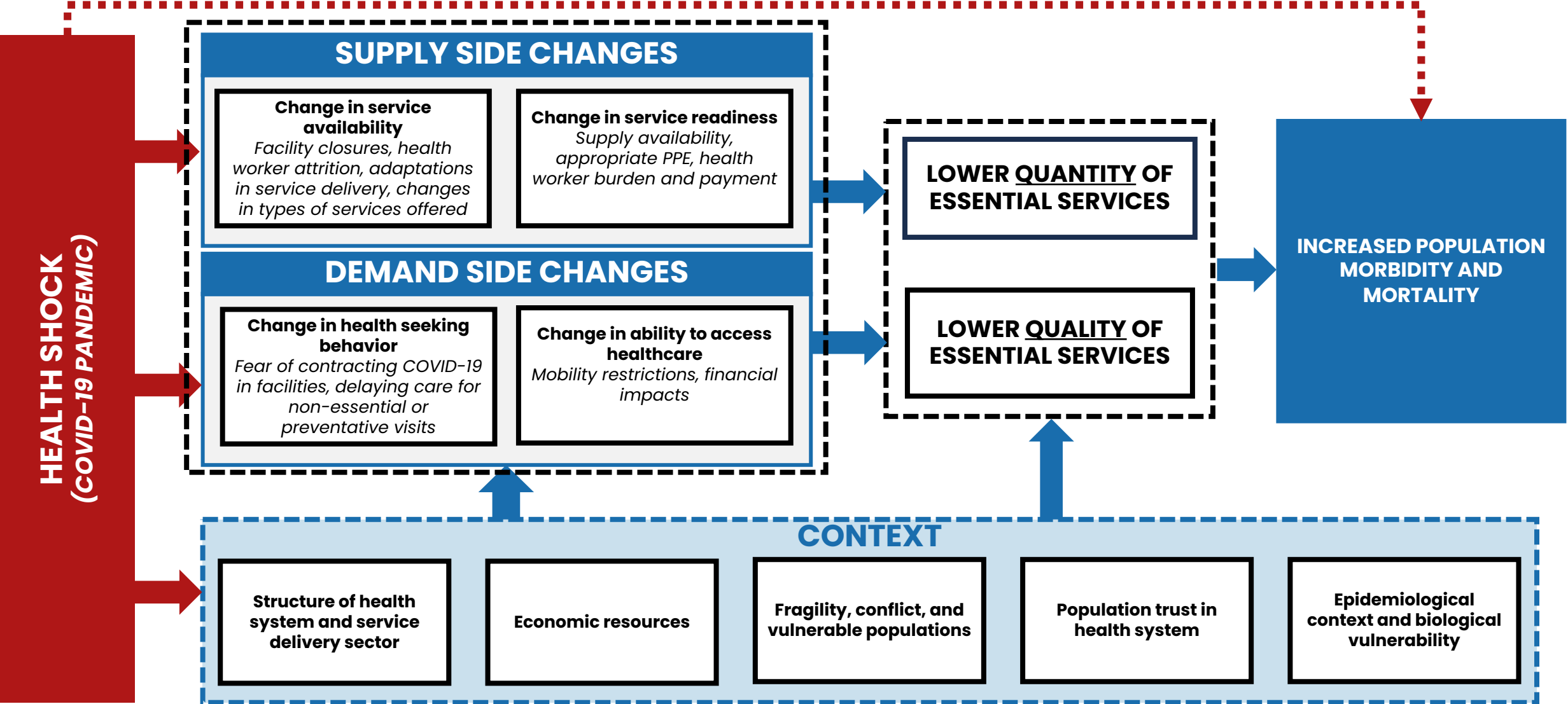
## MNCH/FP/RH, HIV and Malaria Demand Services



## PPE Supply Problem



# Health shocks can erode hard-fought gains in RMNCH+N outcomes and cause a secondary crisis



# Health Sector Response GHS

## Leadership and Governance

- *Leadership- Deputy Director-General assigned task of overseeing the continuity of essential health services – by the Director-General.*
- *Governance- initial guidance document on ensuring continuity of essential health service: FHD-GHS.*
- Improve coordination and integration
- Translating national health policy into action at sub-national levels
- Improve accountability mechanisms
- UNICEF, WHO , JHPIEGO

# Response of the Health Sector – MoH

## Community Participation and partnerships

- ▶ The Ministry of Health issued a **call to action** to ensure essential health service continuity. This was shared with all stakeholders in the health sector including Civil Society Organisations in health as well as the Development Partners in Ghana.
- ▶ This call to action defined what needed to be done on both the supply and demand side of service delivery as well as the resources needed to ensure that essential health services did not fall through the cracks in the midst of tackling COVID -19

# Health Development Partners Response

DPs issued a statement pledging their support to ensuring continuity of essential service.

## Recommendations made to the Government included:

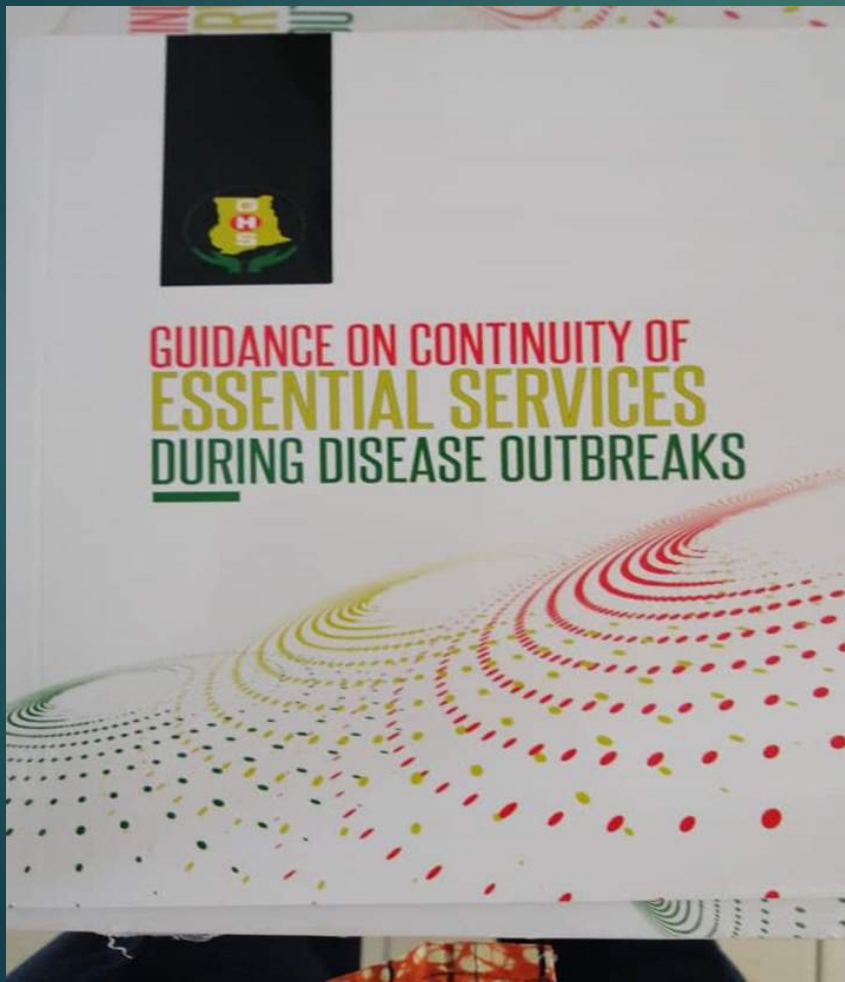
- *Prepare a comprehensive guide on service continuity in general as well as program specific continuity guides, which highlight how routine service should be delivered.*
- *Integrate existing activities being carried out to ensure gains in efficiency, including outreach activities (immunization, surveillance, etc.). Use existing systems for intensive COVID-19 response, like outreach activities, to deliver other services or vice versa*
- *Prepare a guide for re-initiation of community-based outreach services*
- *Adapt service delivery models to reduce the number of health facility visits*

# DP's Response (cont'd)

- *Devise fast track services for clients with comorbidities to reduce risk of COVID-19 infection*
- *Provide necessary inputs and intensify adherence of infection IPC measures at all health facilities at all levels*
- *Intensify social and behaviour change communication to the public to ensure continued demand and utilization of services and sustain public trust in health services*
- *Explore options for harnessing the capacity of private providers to maintain essential services*

## Response of the Health Sector

### Guidance Document



- ▶ **Global Financing Facility (GFF)** provided a **virtual training** on how to use the existing health data to track and make interventions to improve access to essential health service for a team selected from service agencies by the Ministry of Health.
- ▶ **Technical Assistance** of expert public health physicians were provided for each of the 16 region through support by **Global Affairs Canada(GAC)**.
- ▶ The **WHO** supported the development of a comprehensive guidance document for essential service delivery.
- ▶ Guidelines initially **disseminated electronically to the Regions**. Hard copies have now been printed and distributed to all the regions for distribution to health facilities

# The general guidance captured in the document are:

- ▶ Facility managers tasked to ensure effective patient flow were established in each facility.
- Mandatory screening, triage, and targeted referral).
- If found to fit the case definition of COVID 19, the clients held in a holding area and appropriately referred for testing and management.
- to comply with the established guidelines and protocols for attending to needs of clients who test positive for COVID 19 or are in quarantine as a result of being in contact with positive cases to reduce the spread of the disease.
- Allowing patients especially those with NCD to book for appointment to reduce the crowding at OPD.



# The general guidance cont'd

- Use of technology- Telemedicine -to reduce service providers/Client physical interaction.
- Virtual management meetings to track service performance and make the needed changes
- Sharing of Information with clients and the public on current arrangements in facilities, through mass media announcements and discussions, social media, posters, handbills etc. to promote continuous utilization of essential services.
- Provision of Psychosocial support for staff, patients and relatives requiring such services.

# Response of the Health Sector: Feedback

- ▶ Feedback on faltering service coverage were sent to Regions in May 2021 and Regions were tasked to draw plans to facilitate access to essential health services
- ▶ Virtual Senior Managers meetings were held with all Regional Health Management Teams to discuss COVID 19 management and ensuring essential health services.
- ▶ Regional Directors also held virtual meetings with their District Health Management Teams on COVID 19 response as well health service provision.
- ▶ A virtual half year performance review meeting was held by Ghana Health Service in July 2021, to assess the half year performance and come up with plans to ensure that targets are achieved

# Key activities undertaken to address demand side challenges

1. Behaviour change communication was launched using multiple channels including social media to encourage use of facilities by the public.
2. Providing avenue for patients with non-communicable diseases to book appointment to visit health facilities.
3. Using technology like telemedicine to provide care for some patients who are reluctant to come to health facilities

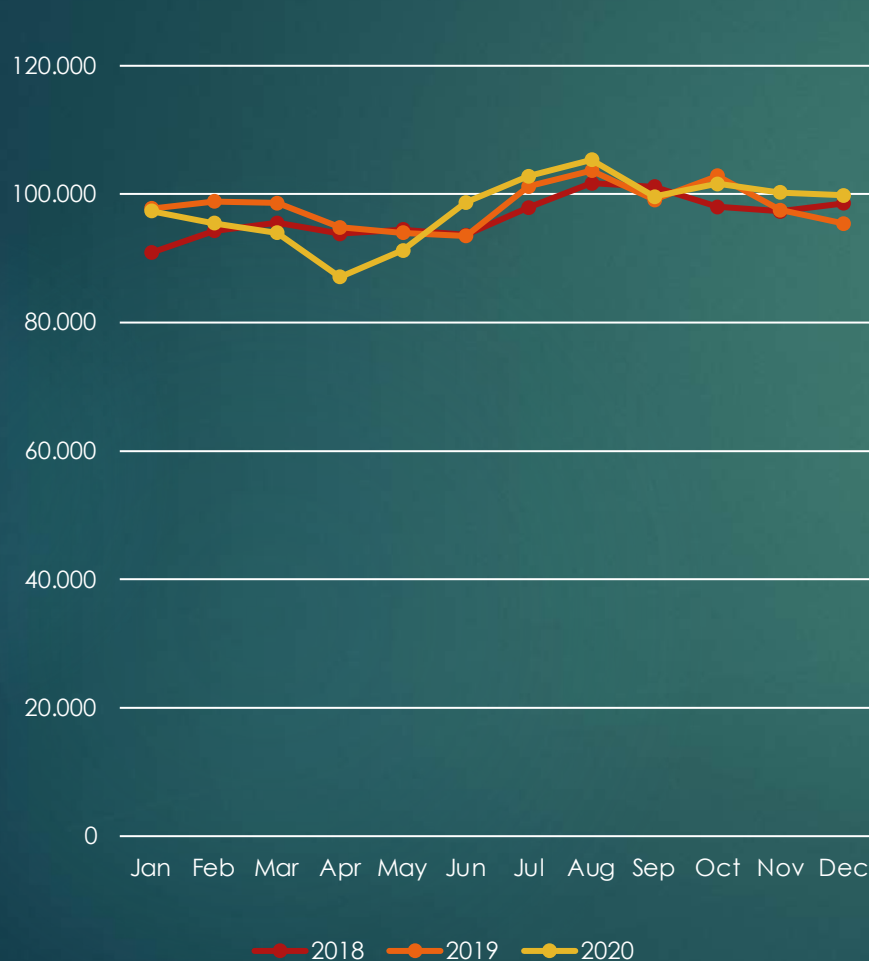
# Key activities undertaken to address Supply side challenges

To help build staff confidence to offer care the following were done:

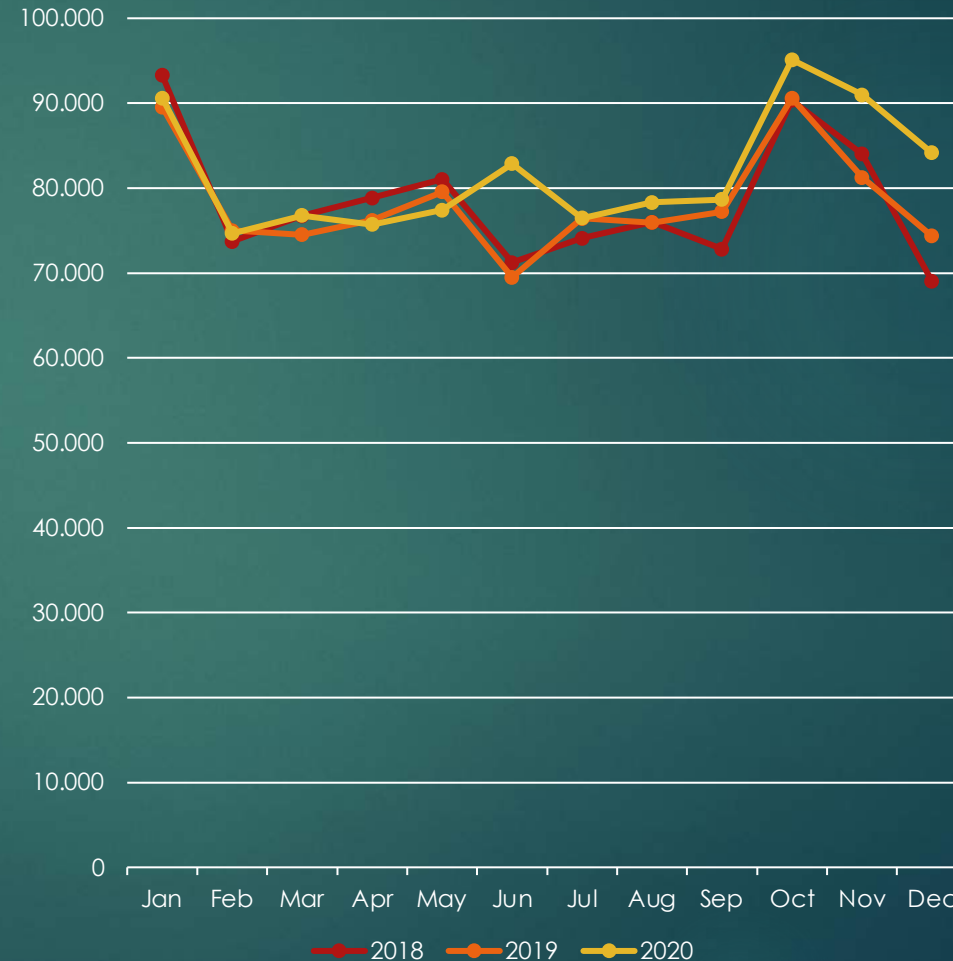
1. Adequate Preventive Protective Equipment (PPE) were provided for all staff in all facilities.
  - The Ghana Logistic Management Information System was used to provide visibility to the PPEs and ensure that shortages were promptly addressed.
  - The government supported some local industries to manufacture face masks, coverall, face shields and alcohol hand rubs
2. Health workers underwent training on COVID 19 and Infection Prevention and Control.

# Achievements

**Ghana Monthly Trend of Penta 3 Coverage for 2018, 2019 and 2020**



**Ghana Monthly Trend of coverage of ANC registrants for 2018, 2019 and 2020**

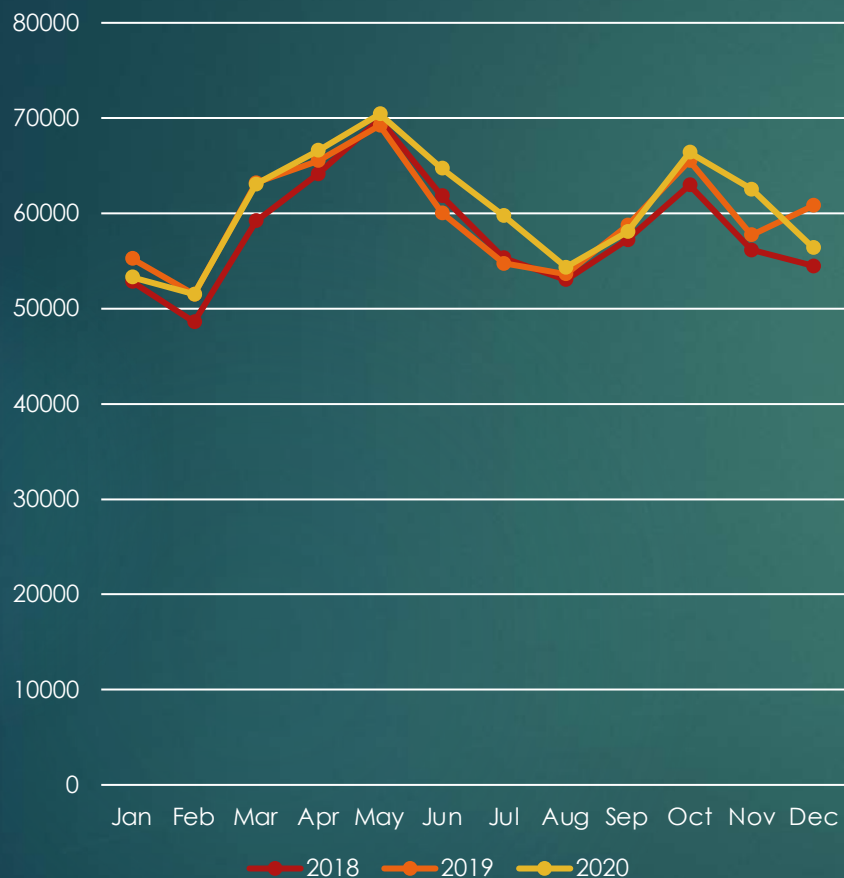


**Source of Data- District Health Information Management System (DHIMS2)**

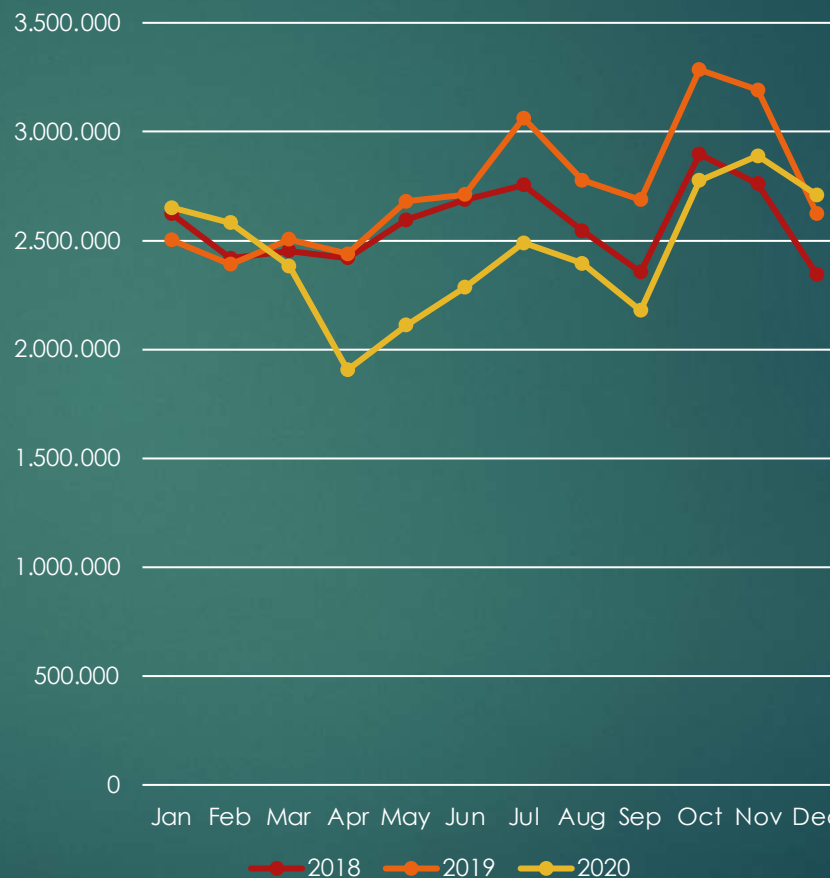


# Achievements

**Ghana Monthly Trend of Total Deliveries in facilities for 2018,2019 and 2020**



**Ghana monthly trend of Total OPD attendance 2018,2019 and 2020**

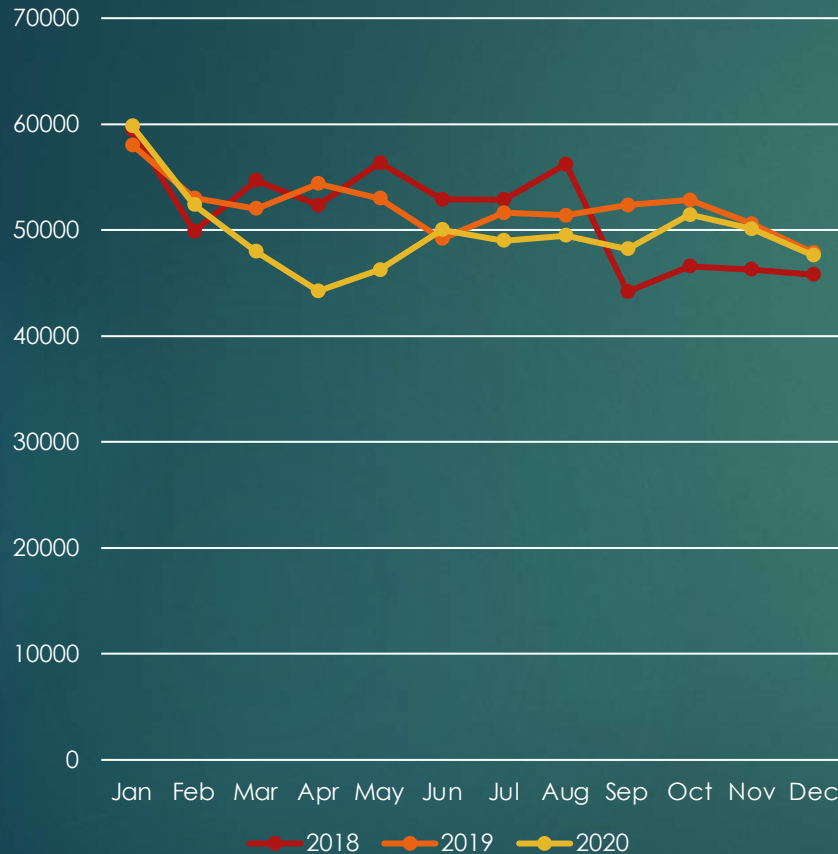


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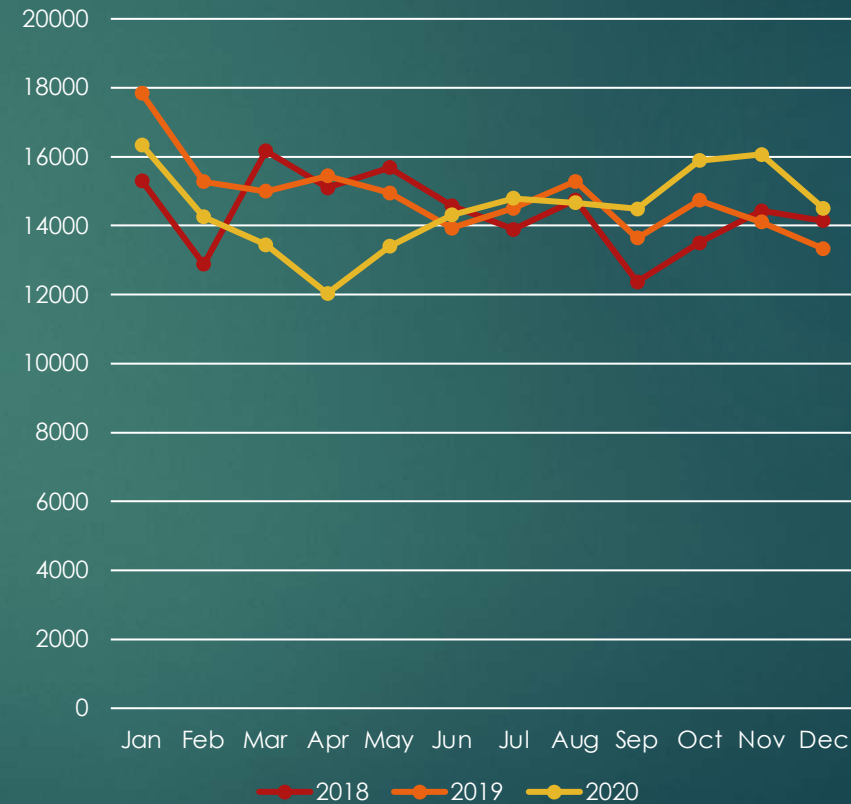


# Achievements

Ghana monthly trend of Total new Hypertension cases seen at the OPD ,2018,2019,2020



Ghana Monthly trend of total new Diabetes Mellitus cases seen at the OPD, 2018,2019 and 2020

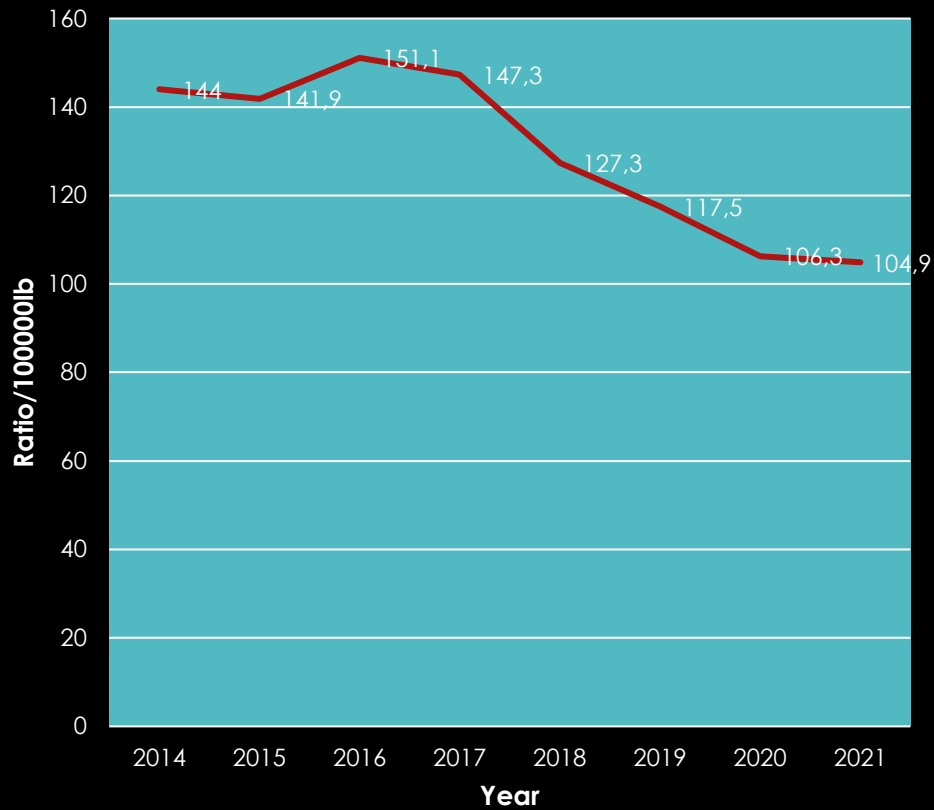


**Source of Data- District Health Information Management System(DHIMS2)**

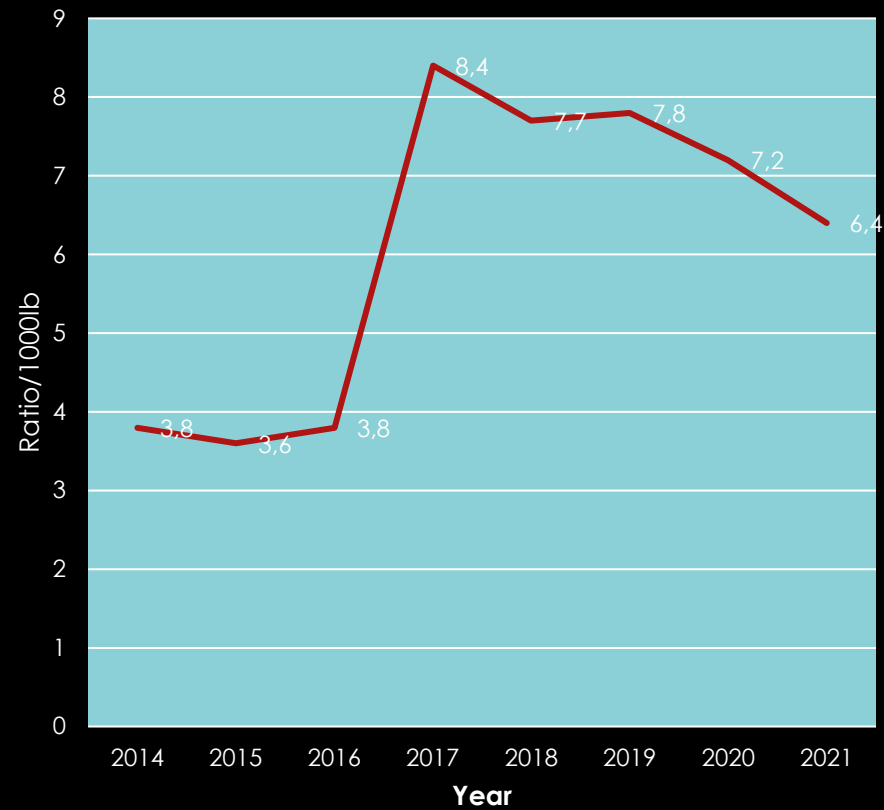


# Achievements

**Trend of Institutional Maternal Mortality Ratio in Ghana 2014-2021**



**Trend of Institutional Neonatal Mortality - 1000 live births 2014-2021**



**Source of Data- District Health Information Management System(DHIMS2)**



# Lessons learnt

- ▶ The health system of Ghana has shown great resilience in handling COVID-19 and facilitating access to essential health services at the same time.
- ▶ Monitoring of key performance indicators is essential in recognising the declines in utilisation early enough to make response and interventions useful.
- ▶ Providing health workers with clear guidance on how to safely deliver essential health services based on how the disease causing the outbreak is spread is critical. It promotes confidence in the health workers who are providing the care and reassures the public to utilise the health services being provided.

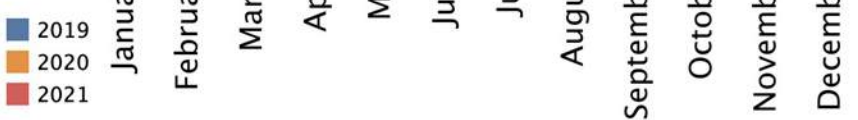
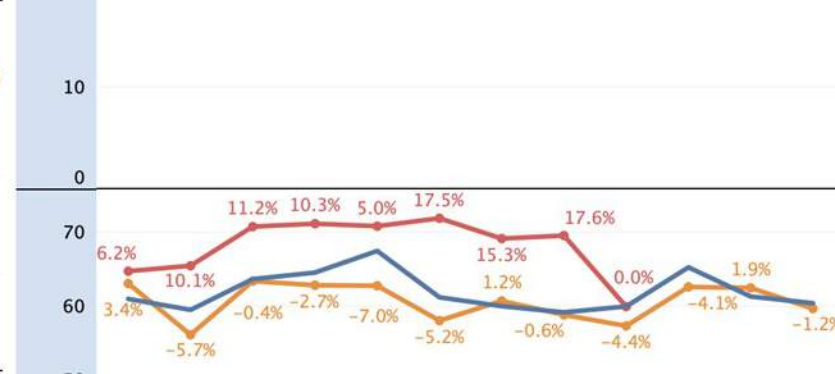
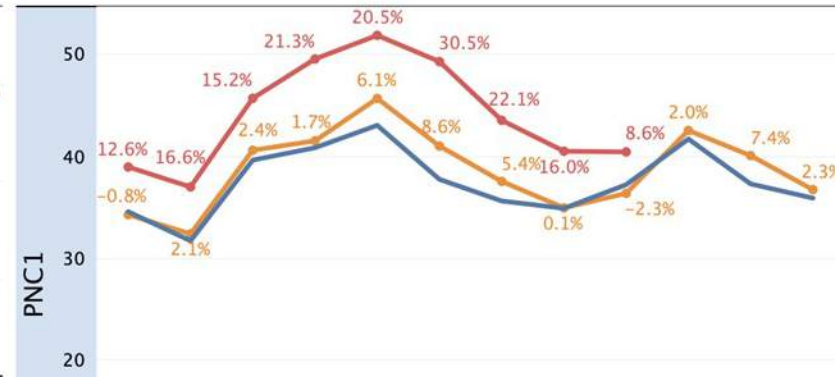
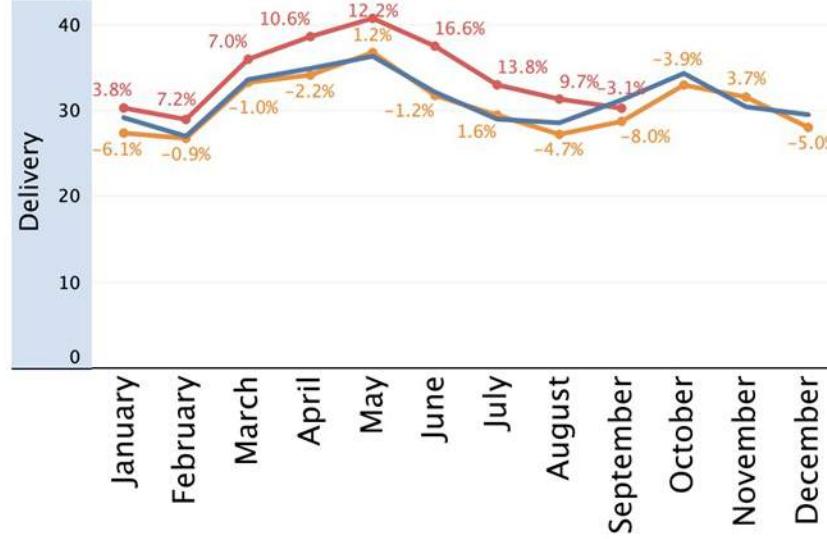
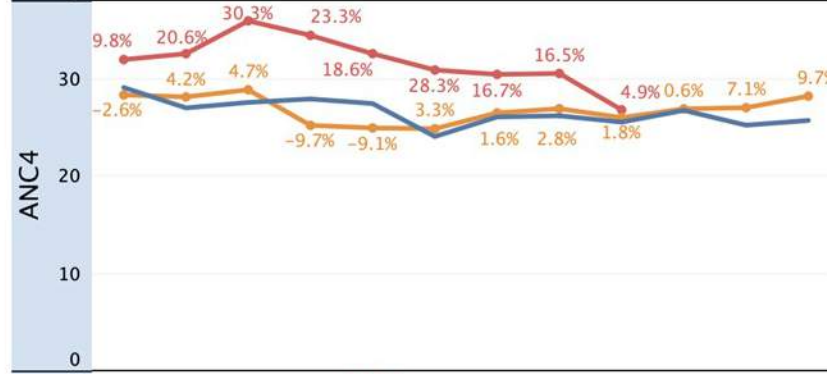
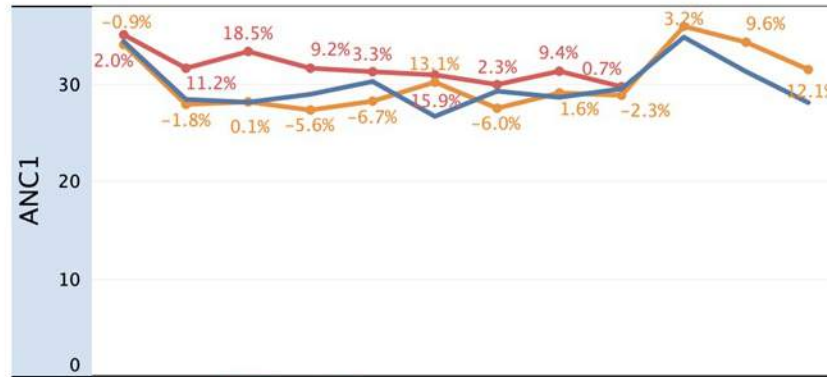
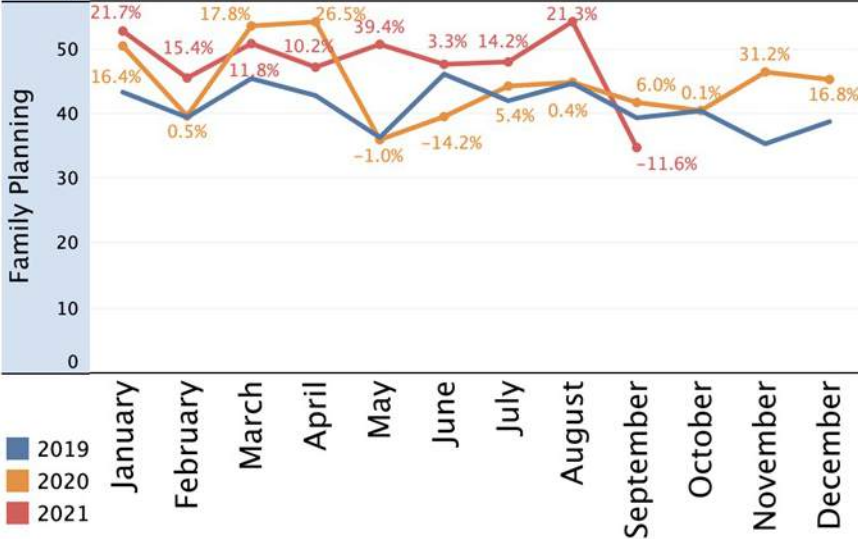
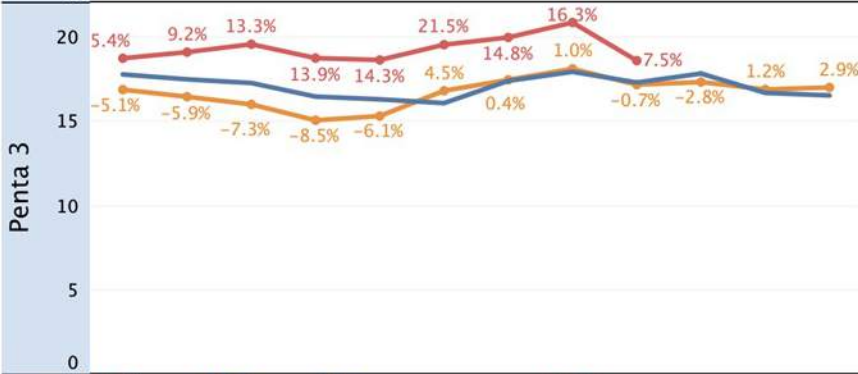
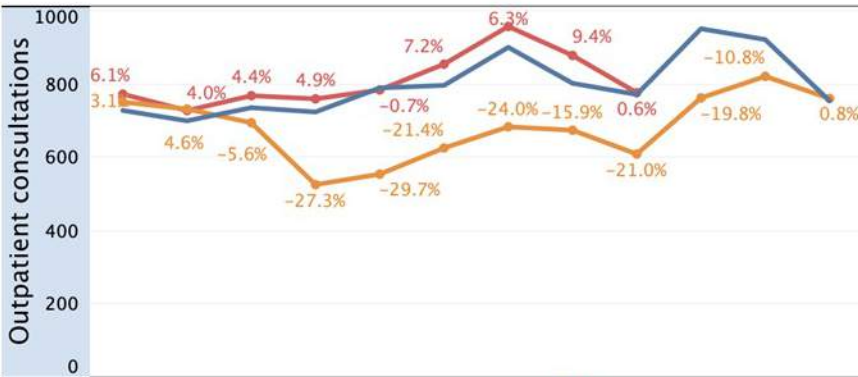
# Lessons learnt (cont'd)

- ▶ Provision of PPEs for health staff at all service points is critical to getting essential services back on track
- ▶ Maintaining communication between the leadership and service providers is essential.
- ▶ Building trust in the population by providing information on services available in facilities and what is being done to guarantee their safety does facilitate essential service utilisation.
- ▶ Lock downs apart from its economic impacts has huge effect on utilisation of essential health services. Arrangement for offering the population essential health services should always be made if there is the need to go into lockdown during a pandemic.

# Conclusion

- ▶ The resilience of the health system is key to sustaining essential health service delivery during outbreaks.
- ▶ Putting into place a **health system resilience assessment surveillance system** that will provide information on a continuous basis on the state of the health system so that an optimal performance is always assured will be of great help in facilitating access to essential health services during disease outbreaks.

# Service volume among facilities with 100% reporting (% change since 2019)

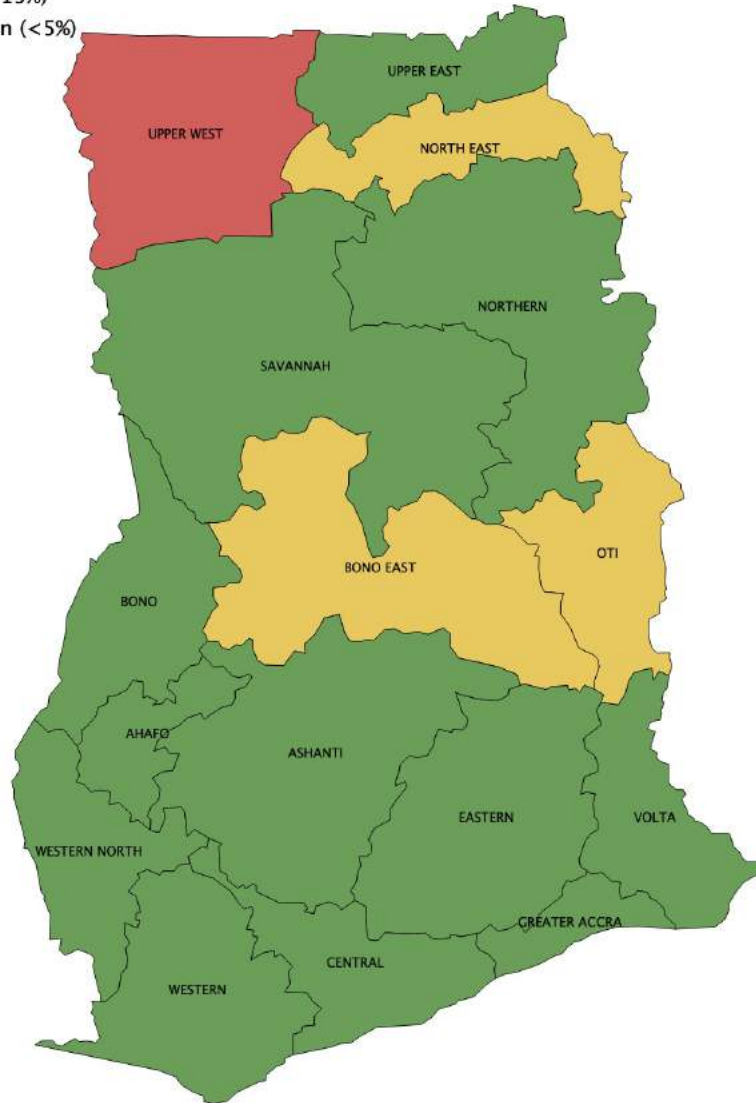


# Subnational disruptions in essential health services during COVID-19

Subnational disruptions are highly influenced by local conditions and should be interpreted with knowledge of the context. Latest months may be more subject to missing data.

Outpatient consultations in Ghana during September 2021, (5,866 facilities)

- Major disruption (>15%)
- Minor disruption (5-15%)
- No/limited disruption (<5%)



Pentavalent 3 administrations in Ghana during September 2021, (8,207 facilities)

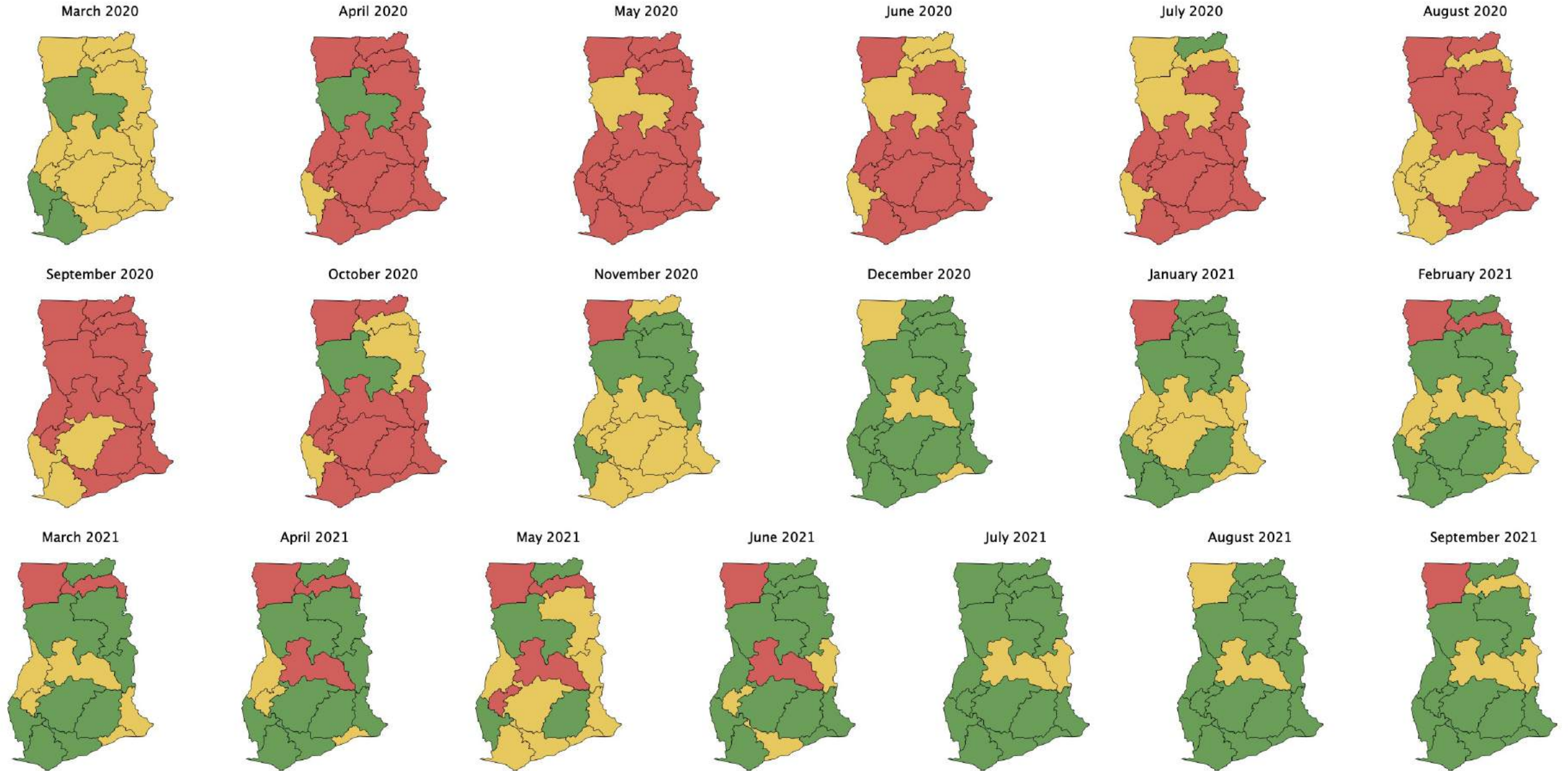


# Subnational disruptions in outpatient services during COVID-19

- Major disruption (>15%)
- Minor disruption (5-15%)
- No/limited disruption (<5%)

## Outpatient consultations in Ghana, (5,866 health facilities)

Subnational disruptions are highly influenced by local conditions and should be interpreted with knowledge of the context.



# Summary of results: past disruptions

- ▶ Ghana experienced disruptions during the pandemic considering pre-pandemic trends and seasonality. The greatest service disruptions occurred in **May 2020**:
  - Outpatient consultations (-29%)
  - Family planning consultations (-11%)
  - First ANC visit (-4%) and fourth ANC (-10%)
  - BCG administration (-8%)
  - Pentavalent 3 vaccine administration (-4%)
- ▶ There is geographic variation in the disruption of outpatient consultations
  - The largest disruptions were detected in the Central Region (OPD in April 2020, -34%), Eastern and Oti regions (OPD in May 2020, -32%), and the Upper West (OPD in September 2020, -32%)
- ▶ Patterns of disruption have differed between facility types and services:
  - Disruptions are the greatest in hospitals (OPD in May 2020, -34%)
  - Disruptions were the largest in the outpatient consultation volume and persisted from March 2020 to November 2020 (ranging from -9% to -29%)
  - Maternal and reproductive services were minimally affected
  - Lower volume of child vaccination was observed in the first months of the pandemic and during the second wave of COVID-19 in September and October 2020
- ▶ Despite the most recent COVID-19 wave that peaked in August 2021, all core EHS indicators maintained volumes expected from pre-pandemic trends

# Acknowledgements

- ▶ Dr. Anthony Adofo Ofosu, Deputy Director-General, GHS
- ▶ Dr. Kofi Issah, Director Family Health Division
- ▶ Dr. Isabella Sagoe-Moses, Deputy Director Reproductive & Child Health Department and Team, Mr. Henry Safori
- ▶ Prof. Alfred Yawson, Head, Community Health Department, UGMS
- ▶ All hard working Managers and Service Providers at all levels of Ghana Health Service, MoH, Development and Implementing Partners for keeping up the good work!
- ▶ To the People of Ghana for weathering this COVID-19 pandemic storm together.
- ▶ His Excellency the President of Ghana for being in touch with “Fellow Ghanaians” in his addresses and the National Response!



Thank You for the opportunity

