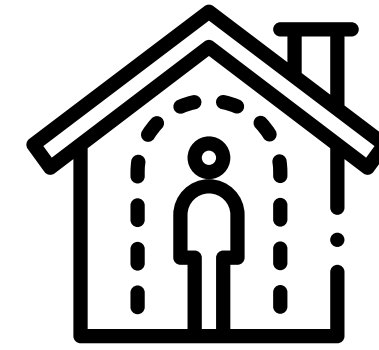# COVID-19: PREVENTING BROADER HEALTH IMPACTS OF PANDEMIC RESPONSES

RESPONSES POSE THREATS TO OTHER AREAS OF HEALTH IN LOW- AND MIDDLE- INCOME COUNTRIES (LMICS)

Governments and responders have implemented COVID-19-focused responses to prevent and contain the virus which have inadvertently undermined other health needs.

'Lockdown' measures such as stay-at-home mandates and travel restrictions have made it difficult for both patients and healthcare workers to travel to access and provide care in LMICs.
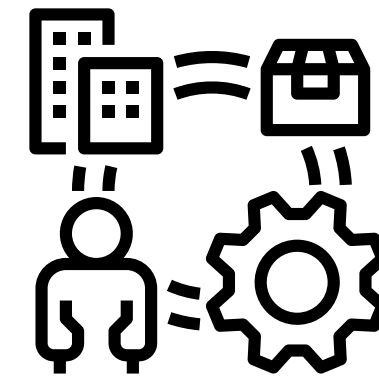
Restrictive measures have also severely disrupted essential supply chains and distribution networks for vaccines, medicines, contraceptives, and other health resources, leading to scarcities.
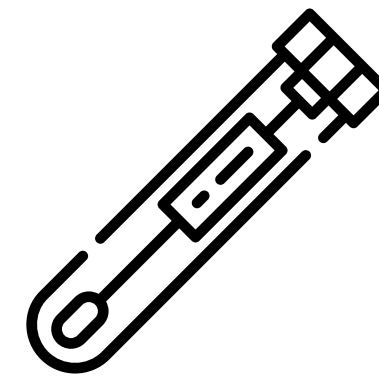
Traditional public health measures - surveillance, contact tracing, testing, risk communication and community engagement - have overly focused on COVID-19, leaving people without information and resources to address other health problems.
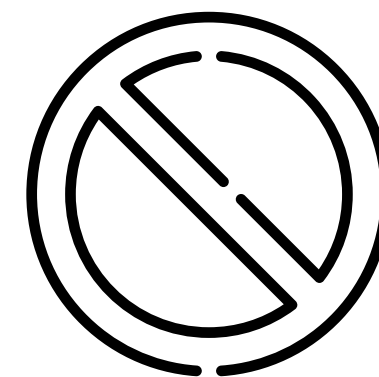
To minimise potential COVID-19 infection, 'non-essential' services (i.e. outpatient care, cancer screenings, non-urgent surgeries, and even, initially, immunisation and sexual and reproductive health services in some settings) have been suspended.
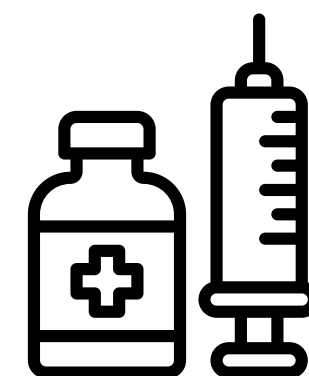
Long-term consequences for health are likely. 13.5 million children are thought to already have missed polio, measles, HPV, yellow fever, cholera, and meningitis vaccinations, while as many as 117 million may ultimately miss measles vaccinations.

POORER COUNTRIES ARE PARTICULARLY VULNERABLE TO UNINTENDED IMPACTS OF PANDEMIC RESPONSES

Colonial exploitation followed by historic and ongoing under-investments in health and social systems have left people in low- and middle- income countries (LMICs) particularly vulnerable to health problems exacerbated or caused by responses to COVID-19.
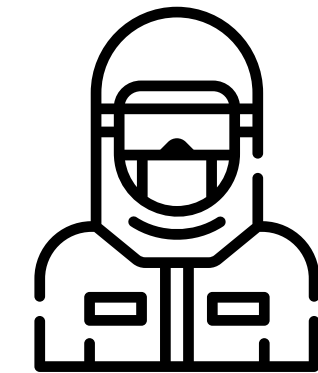
While initially catastrophic predictions about COVID-19 mortality in LMICs, especially African countries, have not materialised, they nevertheless suffer disproportionately from high burdens of infectious, neonatal, maternal and nutritional diseases, as well as rising rates of non-communicable diseases.

LMIC health systems were already severely under-resourced prior to the pandemic. Diversions of scarce staff and resources and new needs for additional protective measures have made it impossible to adequately sustain even 'essential' health services.
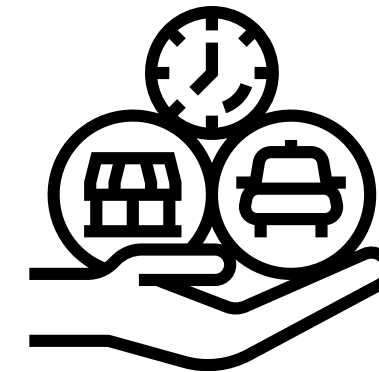
Most people in LMICs have informal livelihoods and lack access to social protection. Inability to work and earn money due to restrictive measures and wider systemic impacts renders people unable to afford care, and transport to get to it.
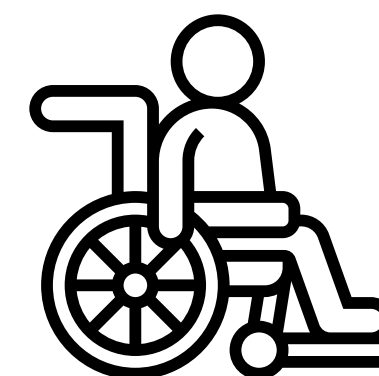
The challenges of accessing care in LMICs for marginalised social groups including women, children, people living with disabilities, and sexual, gender, ethnic and religious minorities are compounded by the pandemic and many of the responses to contain it.

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PSYCHOSOCIAL AND SOCIAL FACTORS HAVE LED TO A REDUCTION IN PEOPLE ACCESSING HEALTH CARE

Feelings of fear and changed social circumstances mean many are actively avoiding or can no longer access health services.
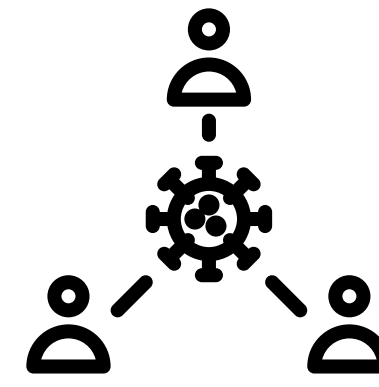
People may avoid seeking health care for fear that they might contract COVID-19 at or on the way to a health facility, or transmit it to vulnerable loved ones.

Healthcare workers in low- and middle-income (LMICs) may lack adequate protection (e.g. PPE, disinfectant, water etc.) and fear contracting COVID-19. They may refuse to work or perform certain tasks, such as handling TB samples for testing.

People may fear being forced into quarantine if they are found to be infected with COVID-19 while seeking care, and potentially lose out from security, income, social support, and not be able to carry out caring responsibilities.

Job losses, institutional closures (e.g. schools) and restrictive measures have increased the burden of caring responsibilities, especially on women. This makes it harder for them to access care for themselves.
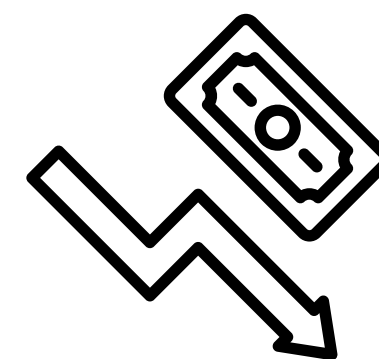
Income losses among households are making it harder for people to afford healthcare (including associated travel), as well as food and other resources necessary for health.

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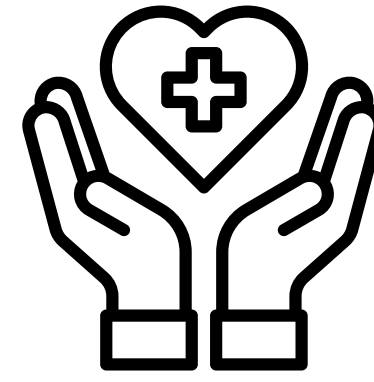# COVID-19: PREVENTING BROADER HEALTH IMPACTS OF PANDEMIC RESPONSES

TACKLING COVID-19 AND OTHER HEALTH CHALLENGES THROUGH INTEGRATED AND PARTICIPATORY APPROACHES

Taking a holistic approach can better address COVID-19, as well as other important health priorities – all while building resilience to future health shocks.

Policymakers' decisions must be informed by 'whole of health' perspectives that consider the potential trade-offs between addressing COVID-19 and the emergence of broader health impacts.

Integrate COVID-19 response within existing health system infrastructures and programmes and across sectors (social protection, education etc.). New COVID-19-specific capacities (e.g. screening) can also be leveraged to support other health priorities.
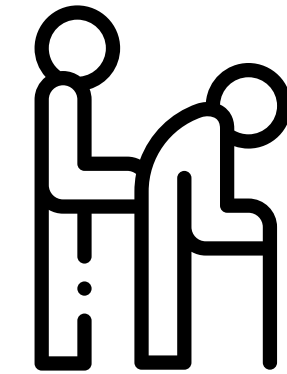
People with health problems, those who face health risks and community organisations should be meaningfully included in national and local health system priority setting and decision-making.
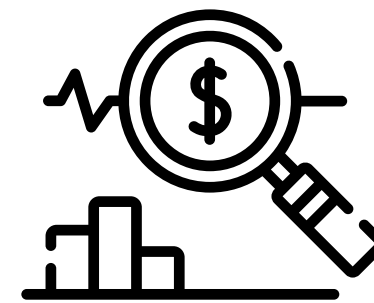
Hold countries, donors and global actors to account on global commitments – existing and new – to increase efforts to strengthen health systems, including through investments in financial resources and capacity building for community workers.
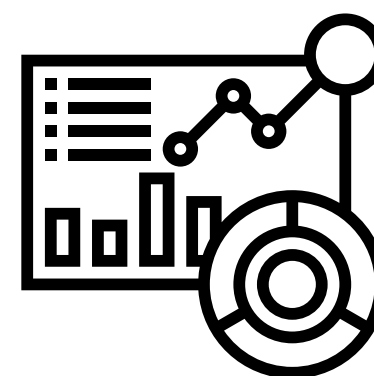
Support the collection of granular social science data on access, use and perception of health services, and its integrated analysis alongside other forms of data (epidemiological, economic etc.) to support both short- and long-term response.

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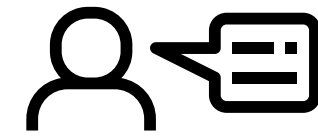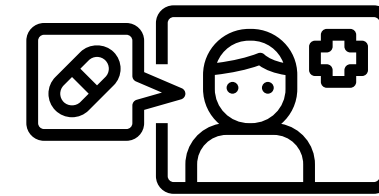
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ADAPTING HEALTH SERVICE DELIVERY FOR SAFE, SUSTAINED, AND EQUITABLE CARE

Adaptations are needed, but should be context-appropriate and not come at the expense of the vulnerable.
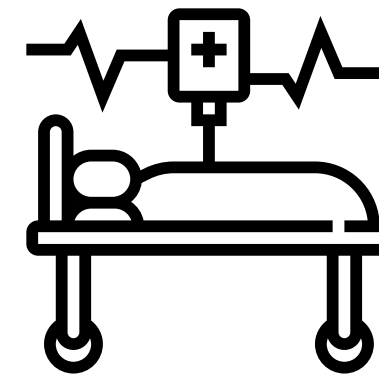
Where appropriate, adopt and scale telemedicine and digital platforms to support people with health issues. Ensure appropriate communication and service delivery are available for those who lack access to digital devices.

Adopt triaging protocols to prioritise services and patients according to what can and cannot medically wait, especially when resources are scarce and infection prevention needs during acute COVID-19 outbreaks are heightened.
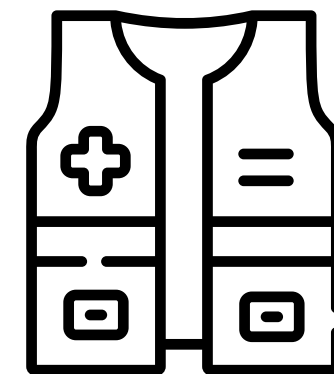
Support community health workers and volunteers to provide door-to-door services and support (protected by PPE and observing physical distancing) including provision and administration of at-home test-kits, immunisation and treatment.
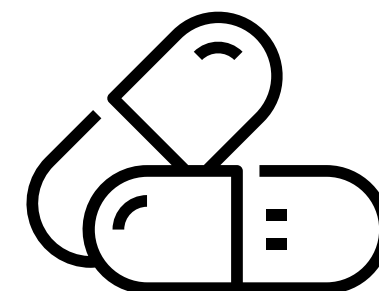
Consider shifting patients to oral prescriptions, and providing multi-month supplies of contraceptives, medicines for TB, HIV, malaria, and other conditions, and targeted nutrition packages, to people at their homes.

Support private clinicians, pharmacists, drug sellers, traditional faith healers and herbalists (who may be the first port of call for many) with resources and skills for infection prevention, and to support triaging, surveillance, diagnosis, immunisation and treatment for a range of health issues.

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